



The Hong Kong Academy of Nursing
香港護理專科學院



**RENEWAL APPLICATION FORM FOR
FELLOW MEMBERSHIP**

I, _____ Fellow Diploma Number: _____
Fellow Member of the Hong Kong College of _____

am **applying** for renewal of Fellow Membership for the Year April () to March ().

My personal information		Remarks
Present Rank		
Work place (Hospital or institution name/ward)		
*Update Nursing Practicing Certificate No.:		Valid till ()
Personal e mail address (Not work place one)		
Residential Address		
Contact Telephone No.		
Others: Please specify:		

**With supportive documents enclosed*

I hereby declare that the above information is accurate to this date and I agree to provide the above information to Hong Kong College of () (here below refer to the College) and the Hong Kong Academy of Nursing in support of this application. I understand that it is my responsibility to inform the College for any change of the submitted information. The College will not have to be responsible for any issues arise as a result of my failure to inform the College.

am **NOT renewing** Fellow Membership for the Year April () to March ().

Please be informed that the "Fellow Membership" status would be removed if an annual subscription is not received and the individual will not be allowed to use the designated title. The individual would need to re-apply after the removal of the Fellow status. It is subject to approval from HKAN and settlement of all the accumulated unpaid fellow membership fees



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I enclose herewith a crossed cheque for **HK \$(1500)** with cheque no. _____ of _____ Bank to be payable to **Hong Kong College of (_____) Limited** as the annual membership fee from 1 April (_____) to 31 March (_____).

Note: Please mail (*with sufficient postage*) this renewal application form and the supportive documents together with the crossed cheque to:

Administrative Office, **Hong Kong College of (_____) Limited**,
Address: LG1 School of Nursing, Princess Margaret Hospital, 232 Lai King Hill Road, Lai Chi Kok, Kowloon, Hong Kong.

Signature of Applicant

Date

FOR ACADEMY COLLEGE USE

Endorsed by:

Signature _____ Block Letters _____ Date _____
(President)

* *Delete as appropriate*