



Hong Kong Society for Nursing Education Limited

P.O. Box 98898, Tsim Sha Tsui Post Office, Kowloon, Hong Kong

<http://www.hksne.org.hk>

The Mission of the Society is to achieve excellence in nursing service through the enhancement of quality nursing education.

SUBSCRIPTION FOR MEMBERSHIP (January – December 2012)

Notes

1. Please complete the form in English (except the Chinese name if any) and in block letters.
2. In compliance to the Personal Data Ordinance, the use of your personal particulars will be restricted to the Society only.
3. Please mail the completed form and a crossed cheque (for payment by cheque) payable to "Hong Kong Society for Nursing Education Ltd." to PO Box 98898, Tsim Sha Tsui Post Office, Hong Kong.
4. Receipt will be issued to you when the subscription is accepted. (Please allow **4** weeks for processing)
5. No membership card will be issued. Please keep the receipt for your own reference.
6. Whenever a member pays the subscription fee, the annual membership always starts in January and ends in December of the same year.
7. The Society is a "Continuing Nursing Education" Provider and a provider of "Post-registration Education in Midwifery" accredited by the Nursing Council of Hong Kong and the Midwives Council of Hong Kong respectively.
8. Categories of membership are:

Category	Eligibility	Subscription Fees *
Full Member	Qualified nurse educator, or registered nurse whose area of responsibility involves basic / post-basic nursing education	HK \$100 per annum
Associate Member	Any person who is not a registered nurse but interested in nursing education	HK \$100 per annum
Affiliate Member	All full-time students undergoing hospital / tertiary based nursing program	HK \$50 per annum
Life Member	Any full member paying an one-off life membership fee	HK \$1,000

*No initial fees for new members or re-joining members are required.

Subscriber's Personal Information				
Name in English: (Surname) (Other Names)		Name in Chinese:		Title: <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Prof
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male				
Organization/Institution:			Position:	
Correspondence Address:				
Phone No. (Office / Home)		(Mobile/Pager)		
E-mail:		Fax No.: (Office / Home)		
Subscription for (please tick the appropriate box):				
<input type="checkbox"/> Full Member (HK\$100)		<input type="checkbox"/> Associate Member (HK\$100)		
<input type="checkbox"/> Affiliate Member (HK\$50)		<input type="checkbox"/> Life Member (HK \$1,000)		
Please select the appropriate item for reference on the right:				
<input type="checkbox"/> New Member		<input type="checkbox"/> Renewal		
Details of the Payment: By Cheque				
Cheque No.:			Name of Bank:	
Amount:				
Subscriber's signature:		Date:		
		(dd)	(mm)	(yy)

OFFICE USE ONLY

Subscription accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No		Receipt No.:		
1 st Enrolment: (year)	Membership No.:		Receipt sent on:	
Remark:	Debtors reference:		M & A / Welcome letter sent on:	

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