



香港養和醫院
護士畢業校友會
香港跑馬地山村道 2 號
Tel: (852) 2572 0211

THE HONG KONG SANATORIUM & HOSPITAL
NURSES ALUMNI ASSOCIATION
2 Village Road, Happy Valley, Hong Kong
E-mail: naa@hksh.com
Website: http://www.hksh.com

永久 / 普通 / 學生會員申請表格
Life / Ordinary / Student Membership Application Form

申請類別 Type of Application	<input type="checkbox"/> 永久會員 Life Member 《\$1,000.00》 <input type="checkbox"/> 普通會員 Ordinary Member 《\$100.00》 <input type="checkbox"/> 學生會員 Student Member 《\$50.00》 => 入學年份 Year of Admit _____ Year 年		
中文姓名 Name in Chinese	英文姓名 Name in English	身份證號碼 HKID No.	
性別 Sex	電郵地址 E-mail Address	<input type="checkbox"/> 同意以電郵收取有關本會之最新消息 <input type="checkbox"/> Accept for receiving regular email updates	
英文通訊地址 Full Address in English			
電話號碼 Telephone No.	住址 Home	辦公室 Office	傳呼機/手提 Pager/Mobile
受僱機構 Employing Organization	<input type="checkbox"/> 養和醫院 HKS&H <input type="checkbox"/> 其他行業 Non-Nursing <input type="checkbox"/> 退休 Retired <input type="checkbox"/> 醫管局 HA / 其他醫院 / 機構〔請註明〕 Others (please specify) _____		
部門 / 病房 Unit / Ward	畢業年份 Year of Graduate _____ Year 年 / <input type="checkbox"/> Jan 一月 <input type="checkbox"/> May 五月 <input type="checkbox"/> Sept 九月		
會員申請手續 Membership Application Procedure 1. 請填妥申請表格，親臨 / 郵寄致本會辦理有關手續。 Please complete the Membership Application Form and send to us in person or by mail. 2. 郵寄申請必須將相關之費用以劃線支票，抬頭「香港養和醫院護士畢業校友會」，寄香港跑馬地山村道 2 號。 If your application form is submitted by mail, please enclose a crossed cheque made payable to the "The Hong Kong Sanatorium & Hospital Nurses Alumni Association" and send it to 2 Village Road, Happy Valley, Hong Kong.			
本人明白及同意香港養和醫院護士畢業校友會將本人所提供之個人資料，以作處理會員入會程序、審核申請會籍、其他會員服務及活動之通訊用途。有關個人資料將由本會保密處理。為確保本人可定期收到最新之會員通訊，若本人之資料有任何更改，會盡快作出書面通知。 I understand and accept that the personal data I have provided to the Hong Kong Sanatorium & Hospital Nurses Alumni Association will be used for the purposes of membership processing conducting checks regarding eligibility for membership; facilitating communication between the Association and me; and other activities of the Association. All personal data supplied to the Association will be kept confidential. In order to ensure the latest information received periodically, I will inform the Association in written whenever my personal data has been changed.			
日期 Date : _____ 簽 署 Signature : _____			
會方填寫(Official Use Only)			
會費：\$ _____ <input type="checkbox"/> 現金 <input type="checkbox"/> 支票號碼：_____ <input type="checkbox"/> 其他：_____			
收據號碼：_____ 會員證號碼：_____ 發証日期：_____ 核對人姓名：_____			