



Hong Kong Paediatric Nurses Association Ltd.

Membership Application / Renewal Form

http://www.hkpna.com.hk email address: hkpna@ymail.com.

(Please write in block letters)

Part 1 : Particulars of Applicant

Name (English) _____ (Chinese) _____

HKID No. _____ XXX (X) Title Mr. Ms. others _____

Current Profession Nursing Other Health Care Profession _____ (Please specify)

Rank _____ Place of work / study _____
(Ward /Department) (Hospital / Institution/University/Nursing school)

Correspondence Address _____

Non-HA email address _____

Telephone No. _____ (Office) _____ (Resident) Fax _____

Part 2 : New Membership Application

Student member : Annual fee HK\$50 (Please submit a copy of valid student card)

Ordinary / Associate member : Admission fee HK\$100 + Annual fee HK \$100

Life member : Admission fee HK\$100 + Membership fee HK \$1,500

Postage for overseas member: HK\$ 200/year

Total amount paid: HK\$ _____ Cheque No. _____ Bank _____

Signature of Applicant _____ Date _____

Endorsement by proposer : I am a life / ordinary member of Hong Kong Paediatric Nurses Association. The applicant is personally known to me and possesses paediatric experience / studying nursing in university or nursing school.

Signature of Proposer _____ Name _____ Date _____

Part 3 : Membership Renewal

Student membership No. _____ : Annual fee HK\$50 (Please submit a copy of valid student card)

Ordinary / Associate membership No. _____ : Annual fee HK\$100

Change from ordinary /associate member (membership No. _____) to Life member: Membership fee HK \$1,500

Postage for overseas member: HK\$ 200/year

Total amount paid: HK\$ _____ Cheque No. _____ Bank _____

Signature of Applicant _____ Date _____

Please send this form together with cheque made payable to “Hong Kong Paediatric Nurses Association Ltd.” directly via the Hospital Coordinator of your institution.

Remarks:

Categories of membership:

1. Student member : any pupil / student nurses who is studying nursing in university or nursing school
 2. Ordinary member: any duly registered or enrolled nurse who has experience in paediatric service
 3. Life member: any ordinary member who has paid a life membership fee to the Association
 4. Associate member: any duly registered health care professional who has interest in paediatric care
- Annual membership fee will be due on 31st December in each calendar year.
Membership will be extended to end of next calendar year if join in or after the month of November.
Information collected from this application form will be used for internal record only.

Office Use Only



Coordinator List			
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Ms. Ada Chan (PWH)	Ms. Ma Po King (UCH)		Mr. Lai Wai Hin /Ms. Fankie Cheung (Union)