



# Hong Kong Association of Orthopaedic Nurses Ltd.

香港骨科護士協會有限公司

## Membership Application Form

入會 / 續會申請表格

### Notes

- In compliance to the Personal Data Ordinance, the use of your personal particulars will be restricted to the Association only for registration and communication purposes.
- Please mail the completed form and a crossed cheque payable to "Hong Kong Association of Orthopaedic Nurses Limited".  
**\*For A Corporate Training for HKAON Basic Course in Orthopaedics & Traumatology for Nurses\* applicant: please sent to 7D O&T Office, 7/F, HMB, Tseung Kwan O Hospital, No. 2 Po Ning Lane, Hang Hau, Tseung Kwan O, New Territories (Attn: Mr. Wong King Sum)**
- Receipt will be issued when the subscription is accepted, processed, and settled.
- Membership card will be issued. Please keep it for your own reference.
- Bi-annual membership starts from 1<sup>st</sup> January and ends on 31<sup>st</sup> December of the second year.
- Categories of membership are as follows:

Category 會員類別	Qualification 會員資格	Membership Fee 會費	Please '✓' 請加上'✓'
Life Member	Any Qualified nurses with Orthopaedic and/or Traumatological (O&T) working experience	HK \$ 2,000	<input type="checkbox"/> New
Full Member		HK \$ 300 for 2 Years	<input type="checkbox"/> New/ <input type="checkbox"/> Renew*
Associate Member	Any other nurses without O&T working experience or any non-nursing healthcare professionals	HK \$ 200 for 2 Years	<input type="checkbox"/> New/ <input type="checkbox"/> Renew*
Membership No. 會員號碼: (For renewal only 續會適用)			

### APPLICANT'S PERSONAL INFORMATION 申請者個人資料

Name : _____ 姓名 (Surname 姓) (Other names 名)		_____ (Chinese 中文姓名)	
HKID No. 香港身份證號碼 : _____		Sex: <input type="checkbox"/> M <input type="checkbox"/> F 性別: <input type="checkbox"/> 男 <input type="checkbox"/> 女	Education: *RN <input type="checkbox"/> /BSN <input type="checkbox"/> /Master <input type="checkbox"/> /PhD <input type="checkbox"/> /Others <input type="checkbox"/> 教育背景 _____
Organization 服務機構: _____		Department 部門: _____	Rank 職位: _____
Hong Kong Nursing Board *Registered <input type="checkbox"/> /Enrolled <input type="checkbox"/> No. : _____ 香港護士管理委員會*註冊 <input type="checkbox"/> / 登記 <input type="checkbox"/> 號碼: _____		*Service Type: Acute <input type="checkbox"/> /Rehab <input type="checkbox"/> /Ambulatory <input type="checkbox"/> /University <input type="checkbox"/> /Others <input type="checkbox"/> *服務類別: 急症 <input type="checkbox"/> /康復 <input type="checkbox"/> /日間中心 <input type="checkbox"/> /大學 <input type="checkbox"/> /其他 <input type="checkbox"/>	
Correspondence Address: 通訊地址: _____ E-mail 電郵: _____			
Telephone: Office _____ Fax _____ 辦公室電話 _____ 傳真 _____		Telephone: Home _____ Mobile Phone _____ 電話: 住宅 _____ 手提電話 _____	
Past Orthopaedic-Related Training 曾接受有關骨科訓練		Institution 機構	Period 時間
_____		_____	_____
_____		_____	_____

### DETAILS OF PAYMENT (BY CHEQUE ONLY) 付款資料 (只收支票)

Name of Bank 銀行名稱: _____	Cheque No. 支票號碼: _____	Amount 金額: _____
Subscriber's signature : _____ 申請者簽署		Date: _____ (dd/mm/yyyy) 日期: (日/月/年)
(Only fill for hard copy 列印正本方需填寫)		

FOR OFFICIAL USE ONLY 此欄只供本會人員填寫		
Membership Approved : Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment for : New Membership <input type="checkbox"/>	Receipt sent <input type="checkbox"/>
Membership Payment : Yes <input type="checkbox"/> No <input type="checkbox"/>	Renew Membership <input type="checkbox"/>	Date : _____

\*(Please tick as appropriate 請勾選適用項目)

App-form O&T 2024