



Hong Kong Physiotherapists' Union
Enrollment / Renewal Form

(Official use only)
Membership No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Receipt No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

For RENEWAL MEMBERS, just fill in your Name, HKID No., Membership No.

and Signature if there is NO CHANGE in the particulars.

MEMBERSHIP SUBSCRIPTION:

**please delete as appropriate*

*New Enrollment /

Renewal (Please indicate Membership No. _____ or
YEAR of last membership: e.g. 2004 _____)

PERSONAL DETAILS:

Name: _____ (English) _____ (Chinese)

HKID No: _____ Sex: _____

Residential Address: _____

Telephone (Home): _____ Fax (Home): _____

E-mail Address: _____

EMPLOYMENT STATUS:

Name of Working Place: _____

Settings: (*please tick as appropriate*)

Hospital Authority Private Hospital Private Clinic

Non-government Organization Nursing/Old-Aged Home Miscellaneous

Office Address: _____

Telephone (Office): _____ Fax (Office): _____

Correspondence Address: *Office Address/ Residential Address

(**Residential address** is preferred for distribution of the mailing materials)

PROFESSIONAL QUALIFICATION:

Qualification	Institute	Year of Award
Undergraduate _____	_____	_____

Postgraduate _____	_____	_____
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DECLARATION:

I declare that the above information is correct and I am willing to abide by the Union's rule.

Date: _____

Signature: _____

Cheque No.: _____

Bank of Cheque: _____

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| <ul style="list-style-type: none">• The membership will start from <u>1st January to 31st December</u> of the same year.• Please send the Completed form to G.P.O. Box 889, together with a CROSSED cheque to "Hong Kong Physiotherapists' Union". (Annual Membership Fee \$150) |
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