



**HONG KONG COLLEGE OF MIDWIVES**  
**Application Form for Associate Member**

<b>Full Name</b> (As shown in the Hong Kong Identity Card / Passport):	
In English: _____ <i>Surname</i>	In Chinese: _____ <i>Other name</i>
<b>Correspondence Address:</b> _____ _____	
<b>Contact:</b>	<b>Phone No.:</b>
E-mail Address: _____	(Work) _____
	(Mobile) _____
<b>Hong Kong Nursing Council</b>	
Registration No.: _____	Date of Registration: ____/____/____ <i>DD MM YYYY</i>
Practicing Certificate Valid till: _____	
<b>Basic Midwifery Training:</b>	
Name of Midwifery School: _____	Date of Training Entry: ____/____/____ <i>DD MM YYYY</i>
Name of Midwifery Clinical Training Site: _____	
<b>*Registration of Midwives Council of Hong Kong:</b>	
<input type="checkbox"/> Yes – Registration no.: _____	Date of Registration: ____/____/____ <i>DD MM YYYY</i>
<input type="checkbox"/> Not Applicable	Practicing Certificate valid to: _____
<i>(*Please tick the box as appropriate)</i>	
<b>Current Midwifery Clinical Practice/Training site and / Employing Organisation:</b> _____	

**Date of Application:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

<b>For official use only</b>	
Date of Registration: _____	Associate Membership No. _____
Registration Fee: _____	Cheque no. (Bank): _____
Approved by: (Name in Block): _____	Signature: _____

*Please send the completed Application Form and the copy Certificates of RN, RM & valid Practicing Certificates together with registration fee (HKD 500) crossed cheque payable to “Hong Kong College of Midwives Limited” at Administrative Office, Hong Kong College of Midwives, Unit 4-5, 6/F, Nan Fung Commercial Center, 19 Lam Lok Street, Kowloon Bay, Kowloon.*