Retired fellows are eligible to enjoy a concession of annual subscription fee. Upon annual renewal of fellow membership, you need to submit the renewal form in order to sustain your membership. To enjoy the fee concession, please also complete the Retirement Declaration Form and return to Unit 4-5, 6/F, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon.

Retirement Declaration Form

Personal Particulars		
Name:	(English)	(Chinese)
Age:	Date of Birth:	
Correspondence Address:		
Email address:		
Contact No.:	Fellow Membership No:	
Last Working Place:		
Date of Termination of Employmen	nt:	
(Practicing Certificate No.	ertificate issued by The Midwives Council of H Date of expiry: ement of HKANM, within a 3-year cycle, 60 C)
Ι,	(full name) declare that I have	e retired from practice as a
fulltime midwife and the information	on I have provided in it is true and correct and	I acknowledge responsibility
for its accuracy. I understand that	at any time that I resume the practice as a fu	alltime midwife, the College
should be notified in writing forthw	vith.	
Signature:		
Date:		

Retired fellow refer to those midwife:

- 1. At her age of 60 or above OR
- 2. At her age of 55 or above under the employment terms of Civil Servant AND
- 3. Not receive payment to work as a fulltime midwife