



HONG KONG COLLEGE OF MIDWIVES
Application Form for Associate Member

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

Date of Application: _____ **Signature:** _____

For official use only	
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 crossed cheque payable to “**Hong Kong College of Midwives Limited**” at Administrative Office, Hong Kong College of Midwives, LGI, School of Nursing, Princess Margaret Hospital, 232 Lai King Hill Road, Lai Chi Kok, Kowloon.*