



QUEEN ELIZABETH HOSPITAL ALUMNI ASSOCIATION

伊利沙伯醫院同儕會

Membership Application

會籍申請表

Part I: To be Completed by Applicant

第一部份：由申請人填寫

- Category of Membership 會籍類別
- Full Member 正式會員
 - Past employee with at least 5 years working experience in QEHA or by nomination, eg. HGC Member
 - 在伊院服務達 5 年的前任僱員或被提名人士，例如伊院管治委員會的成員
 - Associate Member 附屬會員
 - Present employee with at least 5 years working experience in QEHA.
 - 在伊院服務達 5 年或以上的現任僱員
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- Category of Membership fee 會費類別
- Annual subscription fee \$200★
 - 每年繳付\$200★會費
 - Become a Life Member by one time payment of \$1,000★
 - 一次過繳付\$1,000★成為永久會員



★The amount is subject to change by the Annual General Meeting. 金額可由周年大會調整。

* Delete where inappropriate. 刪去不適用者

Surname : 英文姓氏 [Grid]

Given Name: 英文名字 [Grid]

Name in Chinese : 中文姓名 [Line]

Title : 稱謂 *Mr. / Ms / Mrs. / Dr. / Prof / Others *先生 / 女士 / 太太 / 醫生 / 教授 / 其他 Sex : *M / F 性別 *男 / 女

Correspondence Address : 通訊地址 [Line]

Email Address : 電郵地址 [Line]

Telephone No : 電話 Mobile 手機 Home 住宅

Period serving at QEHA : 在伊院任職的年期 From 由 (Year) 年 To 至 (Year) 年

Present / Last Post in QEHA : 現時 / 離職前職位 Department / Unit 部門/單位

I understand and accept that the personal data I have provided to the Queen Elizabeth Hospital Alumni Association (QEHA) will be used for the purposes of membership processing, conducting checks regarding eligibility for membership; facilitating communication between the Association and me; and other activities of the Association. All personal data supplied to the Association will be kept confidential. In order to ensure the latest information received periodically, I will inform the Association in writing whenever my personal data has been changed.

本人明白並同意，本人向伊利沙伯醫院同儕會(同儕會)所提供的資料，將用作會籍申請的處理、會籍申請資格的審核、促進本人與同儕會的溝通、及同儕會的其他活動。所有提供予同儕會的資料一律保密處理。為定期收到同儕會的最新資訊，如我的個人資料有變，我會以書面通知同儕會。

Date : 日期 Signature : 簽署

Part II : To be Completed by Certifying Body (QEHA Founding Members, Department Head or Hospital Management)
第二部份：由批核部門填寫（伊院同儕會創會會員、部門主管或伊院管理層）

**This is to certify the status of the applicant is Correct /Incorrect.*

**茲證明，申請人的身份正確 / 不正確。*

Name : _____ Signature : _____
姓名 簽署
Rank / Title: _____ Tel No.: _____ Date: _____
職位 電話 日期

**The Membership Application is Confirmed / Not Confirmed.*

**本會籍申請已獲 / 不獲確認。*

Approved by Council Members : _____
批核的同儕會理事

Signature : _____ Date : _____
簽署 日期

(Official Use Only) 此欄由本會填寫

Membership fee : _____ Cheque no. : _____ Receipt no. : _____
會費 \$ 支票號碼 收據號碼
Membership no. : _____ Membership Card Issued Date : _____ Checked by _____
會員編號 會員卡簽發日期 簽核人員

Membership Application Procedure

1. Please complete the Membership Application Form and send it to us in person or by mail.
2. If your application form is submitted by mail, please enclose a crossed cheque made payable to the "Queen Elizabeth Hospital Alumni Association" and send it to Room 708 Block S, Queen Elizabeth Hospital, 30, Gascoigne Road, Kowloon.
3. For enquires, please call Ms Anita PAI at 2958 8935 or Ms Sally FOK at 2958 8383.

會籍申請程序

1. 請填妥會籍申請表，親身或郵寄交回。
2. 如郵寄申請表，請連同抬頭 "Queen Elizabeth Hospital Alumni Association" 的劃線支票，寄九龍加士居道 30 號伊利沙伯醫院 S 座 708 室收。
3. 查詢請聯絡白小姐（電話 2958 8935）或霍小姐（電話 2958 8383）。

⌘ Please forward the message to QEH Alumni you are in contact with and let them know about the opportunity of becoming a member of the QEHA ⌘

請告知其他伊院前任僱員有關伊院同儕會的成立，並邀請他們加入

⌘ The application form is available at <http://www.qeh.org.hk> ⌘
申請表可於上列網址下載