

PRINCE OF WALES HOSPITAL ALUMNI ASSOCIATION

威爾斯親王醫院同儕會

Membership Application

會籍申請表

Part I : To be Completed by Applicant

第一部份：由申請人填寫

Application Criteria 申請條件	<p>Applicants must meet one of the following criteria 成為正式會員需符合以下其中一項條件：</p> <p>i) Retired staff of PWH, including NTEC office staff based in PWH 在威爾斯親王醫院退休的員工，包括於威爾斯親王醫院上班的新界東聯網辦事處員工</p> <p>ii) Members of PWH Nurse Alumni 威爾斯親王醫院護士同儕會會員</p> <p>iii) Ex-staff with at least 5 years' working experience in PWH, including NTEC office staff based in PWH 在威爾斯親王醫院工作滿 5 年或以上及已離任的員工，包括於威爾斯親王醫院上班的新界東聯網辦事處員工</p> <p>iv) Past Honorary staff of PWH 前任威爾斯親王醫院名譽職員</p> <p>v) Past Members of PWH Hospital Governing Committee 前任威爾斯親王醫院管治委員會成員</p> <p>vi) Any person nominated by the Council 由理事會提名的人士</p>
Category of Membership Fee 會費類別	<p><input type="checkbox"/> Annual subscription fee (HK\$100) (Membership deadline is September 30 of each year) 每年繳付會費 (港幣一百元) (會籍截止日期為每年 9 月 30 日)</p> <p><input type="checkbox"/> Become a Life Member by one-off payment (HK\$1,000) 一次過繳付成為永久會員 (港幣一千元)</p>
Payment Method 付款方式	<p><input type="checkbox"/> Cheque 支票</p> <p><input type="checkbox"/> * Bank Transfer (Please provide Bank Transfer sheet for our record) 銀行轉賬 (請提供銀行轉賬收據供我們記錄)</p> <p>*Bank of East Asia (BEA) Savings Account (東亞銀行戶口) Account Number(銀行賬戶號碼): 015-157-68-00996-9 Account Name (銀行賬戶名稱): Prince of Wales Hospital Alumni Association</p>

Name in English

英文姓名

Name in Chinese

中文姓名

Title

稱謂

* Prof / Dr / Mr / Ms / Mrs / Others

* 教授 / 醫生 / 先生 / 女士 / 太太 / 其他

Sex

性別

*M / F

*男 / 女

Correspondence Address

通訊地址

Email Address

電郵地址

Telephone No.

電話

Mobile

手機

Home

住宅

Period served

任職的年期

From

由

DD/MM/YY

日/月/年

To

至

DD/MM/YY

日/月/年

Last Post

離職前職位

Department / Unit

部門/單位

Effective date of resignation/retirement 辭職/退休生效日期

I understand and accept that the personal data I have provided to the Prince of Wales Hospital Alumni Association (PWHAA) will be used for the purpose of membership processing, conducting checks regarding eligibility for membership; facilitating communication between the Association and me; and other activities of the Association. 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，本人向威爾斯親王醫院同儕會提供的資料，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。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。

I wish to receive PWHAA information by * email / WhatsApp / Facebook Messenger in future.

本人希望於日後以 * 電郵方式 / WhatsApp / Facebook Messenger 接收到威爾斯親王醫院同儕會的資訊。

Date

日期

Signature

簽署

*Delete where inapplicable 刪除不適用者

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威爾斯親王醫院同儕會
Membership Application
會籍申請表

Part II : Official Use Only
第二部份：此欄由本會填寫

Verified by HRD/NTEC 由新界東聯網人力資源部審核：

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

**本會籍申請已獲 / 不獲確認。*

Signature

簽署

Date

日期

Membership Application Procedures

1. Please complete the Membership Application Form together with a cheque (payee : Prince of Wales Hospital Alumni Association) and a passport photo and submit to us in person or by mail.
(Address: Human Resources Division Block D, 1/F, Shatin Hospital, No.29, A Kung Kok Street, Ma On Shan, NT)
(Attn: The Secretariat, Prince of Wales Hospital Alumni Association)
2. For enquires, please call at 3505-2659.

會籍申請程序

1. 請填妥會籍申請表連同支票 抬頭為「威爾斯親王醫院同儕會」及一張相片，親身或郵寄回秘書處。
(地址：新界亞公角街29號 - 沙田醫院D座1樓 新界東聯網人力資源部 (轉交 威爾斯親王醫院同儕會秘書處))
2. 查詢電話 3505-2659。

☞ Please invite other Alumni to join PWHAA ☞
請邀請其他威院/新界東聯網前任員工加入同儕會

*Delete where inapplicable 刪除不適用者