香港放射學技師會

The Hong Kong Radiological Technologists' Association (Member of ISRRT)

MEMBERSHIP APPLICATION FORM

Please complete the form in **BLOCK LETTERS**, √ the appropriate boxes, and return together with the required documents and cheque to The HKRTA, P. O. Box 73549, Kowloon Central Post Office, Kowloon.

Name:	Chinese Name:
HKID Card no.:	Sex: ☐ Male ☐ Female
Date of Birth (dd-mm-yyyy):	Marital Status: ☐ Single ☐ Married
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E-Mail Address:	* VO>
Home Address:	20
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Company Name:	Position:
Office Phone: Office Fax:	- V3
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Professional Qualification:	Year Obtained: Issued By:
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Radiographer Registration in Year, registered	as □Part I □Part II □Part III □Part IV; Registration No.:
hereby in the event of my being elected I agree to be bound by the Register of Member. Applicant's Signature: Declaration of the Proposer and the Seconder: We are current paid-up members and are well acquainted with the aspect eligible to become a member of our Association. Proposer's Signature: Name & Member No.:	Association and declare that all my completed personal details are correct and true Constitution of the Association and authorize you to place my name on the Date:
Date:	Date
Please mail your Application with the followings: One recent photo Copies of Professional Qualification(s) Copy of Radiographer Registration Copy of Identity Card	Note: All the data collected will only be used by the Association and will be treated with

P O Box 73549, Kowloon Central Post Office, Hong Kong.

\$400 crossed cheque made payable to HKRTA (Entrance Fee \$200 & Membership Fee \$200)

香港九龍中央郵箱 73549 號 E-mail: hkrta1965@gmail.com 電郵地址:hkrta1965@gmail.com www.hkrta.50g.com

strictly confidential.