

**香港放射學技師會**  
**The Hong Kong Radiological Technologists' Association**  
**(Member of ISRRT)**

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**MEMBERSHIP PERSONAL DATA RENEWAL FORM**

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

Membership No.: _____	
Name: _____	Date of Birth (dd-mm-yyyy): _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	
Home Phone: _____	Pager: _____
Home Fax: _____	Mobile: _____
E-Mail Address: _____	
Home Address: _____	
_____	
Company Name: _____	Position: _____
Office Phone: _____	Office Fax: _____
Office Address: _____	

Mailing Preference: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> E-mail
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Professional Qualification:	Year Obtained:	Issued By:

Radiographer Registration in Year _____, registered as <input type="checkbox"/> Part I <input type="checkbox"/> Part II <input type="checkbox"/> Part III <input type="checkbox"/> Part IV
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**Declaration:**

I declare that all my completed personal details are correct and true.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail your form with the followings if applicable:**

1. **One recent photo**
2. **Copies of Professional Qualification(s)**
3. **Copy of Radiographer Registration**
4. **Copy of Identity Card**

*Note:*

*All the data collected will only be used by the Association and will be treated with strictly confidential.*