

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

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: ☐ Single ☐ Married

Home Phone: _____ Pager: _____

Home Fax: _____ Mobile: _____

E-Mail Address: _____

Home Address: _____

Company Name: _____ Position: _____

Office Phone: _____ Office Fax: _____

Office Address: _____

Mailing Preference: ☐ Home ☐ E-mail

Professional Qualification:	Year Obtained:	Issued By:

Radiographer Registration in Year _____, registered as ☐ Part I ☐ Part II ☐ Part III ☐ Part IV

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.