



QUEEN ELIZABETH HOSPITAL ALUMNI ASSOCIATION

伊利沙伯醫院同濟會

Membership Application

會籍申請表

Part I: To be Completed by Applicant

第一部份：由申請人填寫

☐ Full Member 正式會員

Category

of

Membership

會籍類別

- Past employee with at least 5 years working experience in QEH or by nomination, e.g. 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 QEH
- 在伊院服務達5年或以上的現任僱員

PHOTO

相片

with plain white
coloured background

背景需為白色

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

Given Name:

英文名字

(Max. 22 characters for surname and given name could be printed on the membership card)

Name in Chinese :

中文姓名

Title :

稱謂

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

*先生 / 女士 / 太太 / 醫生 / 教授 / 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 serving at QEH :

在伊院任職的年期

From

由

DD/MM/YY

日/月/年

To

至

DD/MM/YY

日/月/年

Present/ Last Post in QEH :

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濟會（同濟會）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、促進本人與同濟會的溝通、及同濟會的其他活動。所有提供予同濟會的資料一律保密處理。為定期收到同濟會的最新資訊，如我的個人資料有變，我會以書面通知同濟會。

I wish to receive QEHA information by *mail / email in future

本人希望於日後以*郵寄方式／電郵方式 接收到伊利沙伯醫院同濟會的資訊

日期

簽署

Date:

Signature :

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（伊院同濟會創會會員、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: 姓名	Signature: 簽署
Rank/ Title: 職位	Tel No.: 電話
	Date: 日期

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

**本會籍申請已獲／不獲確認。*

Approved by Council Members : _____
批核的同濟會理事

Signature: _____ Date: _____
簽署 日期

(Official Use Only) 此欄由本會填寫

Membership fee : 會費	\$	Cheque no.: 支票號碼	Receipt no. : 收據號碼
Membership no. : 會員編號		Membership Card Issued Date : 會員卡簽發日期	Checked by 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 202 Block S, Queen Elizabeth Hospital, 30, Gascoigne Road, Kowloon.
3. For enquires, please call Ms Lillian WONG at 3506 7079.

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 202 室收。
3. 查詢請聯絡黃小姐（電話：3506 7079）。

Please forward the message to QEHA 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濟會的成立，並邀請他們加入

The application form is available at <http://gehalumniassoc.com>

申請表可於上列網址下載