

ASIAN SOCIETY OF ENDOSCOPY NURSES LTD APPLICATION FOR MEMBERSHIP

E-mail: info@asen.org.hk

Арі	oplication for		rdinary membe ssociate membe	-	ong RN/ EN with endoso	copy related work)
Title:	* Mr / Ms / M	lrs	Name:			
				Surname	Other name	Chinese name
Gender	r: * M / F		Year of birth:		*ID / Passport No.:	(first 4 digits)
Tel. No.	. (with area code	e):			Mobile:	
E-mail:						
Position	n:				Department:	
Place of Work (Country):					Institution Name: _	
Endosco	opy Related Proce	edure in	Working Place:			
Year(s)	of Endoscopy R	elated F	Experience:			
Nursing	g Council Registr	ry No.:		*(RN / EN)	Year Obtained:	
Profess	sional Qualificati	ions:				
					Year Obtained:	
	rtake to inform y ure of Applicant:		ny changes of t	the above info	ormation within 14 days Date:	s of the changes.
Payment of HK\$100 (Non-refundable, covering for one financial year):				Cheque no.	.:	
Please s The Sec	•	eted Ap	plication Form	n together with	urses Limited h the cross cheque to: O. Box 91528, Tsim Sha	ı Tsui Post Office,
the succ	cessful applicant	nt. 2. Find	ancial year cov	vers from 1 Jan	cision and confirmation n to 31 Dec in each year. I or Personal Informatio	. 3. Member is obliged
For Int	ternal Use					
Suppo	orted by:	1)			2)	
Remar	rks:					

[☐] Please indicate your choice with a tick (✓) in the appropriate box. * Delete as appropriate.