*Membership Application/ Renewal/ update Form

Name in English *Mr. / Miss / Mrs.

Name in Chinese: | HKID No.: ( ) | Marital Status: M / S

Nationality: | Date of Birth: day Month Year | Rank*: D.M. / S.R. / Rad 1/ Rad 2 Others:

Office Address: Name of Hospital

*H.K./Kln./N.T. Room/ Flat/ Block

Street/ Building District

Home Address: Room/ Flat/ Block

*H.K./Kln./N.T. Street/ Building District

e-mail address:

Professional Award: Year Obtained

D.C.R. (Diploma of College of Radiographers, U.K.)

P.D.D.R. (Professional Dioploma in Diagnostic Radiography, H.K.P.)

B. Sc. in Radiography (Bachelar of Science in Radiography, H.K.P.U.)

Others: _____

(Please attach the photocopies of your qualification and Annual Practicing Certification)

Tel:

Office:

Home:

Mobile:

Pager:

Please specify your current appointment status: *Diagnostic / Therapetic

Government ^ ☐ Subvented Sector ☐

Hospital Authority ☐ Private Sector ☐ Others:_____ ☐

Signature: | *Date:*

Membership Fee Payment:

Cheque ^ ☐ Autopay ^ ☐

Cheque no. if applicable: _____

*Delete whichever is inapplicable. ^Tick the appropiate box.

Remarks:

1. Autopay application is only valid from October to March of subsequent year

2. Membership applications approved before 30th November are effective the calendar year of approval (Jan. to Dec.)

3. Applications approved 1st December through 31st December are effective the next calendar year.

4. Please allow one month's time for the office to process your application.

5. New Application Fee is HK$100.00 while the Annual Fee is HK$150.00

6. For any enquiry please contact Mr. Edward Chan (92026504) or address it through email (info@hkra.org.hk)

Office use only:

Date Received: Payment status: Member card issued: Y / N