



生命火花院前輔助醫療學會(香港)有限公司  
**SOCIETY FOR PREHOSPITAL ADVANCED RESUSCITATION  
AND KISS OF LIFE (HONG KONG) LIMITED**  
(incorporated in Hong Kong and limited by guarantee)

**遴選會員申請表格 Voting Member Enrolment Form**

申請人資料 Particulars of Applicants (影印本同樣接受 Photocopy of this form is acceptable)  
額外表格可於本會網站下載 Additional forms can be downloaded from our website www.sparkoflife.org.hk

英文姓名 English Name \_\_\_\_\_ (Surname) \_\_\_\_\_ (Given name)

中文姓名 Chinese name \_\_\_\_\_ 身份證 / 護照號碼 ID / Passport No. \_\_\_\_\_

職業 Profession \_\_\_\_\_ 性別 Gender \_\_\_\_\_ 年齡 Age \_\_\_\_\_

機構 / 公司 / 學院 Organization / Company / Institution \_\_\_\_\_ 部門 Department \_\_\_\_\_

通訊地址 Correspondence Address \_\_\_\_\_

電話號碼 Telephone No. \_\_\_\_\_  
(辦事處 Office) \_\_\_\_\_ (住宅 Home) \_\_\_\_\_ (流動電話/傳呼機 Mobile Phone/ Pager) \_\_\_\_\_

電郵 Email \_\_\_\_\_ 傳真 Fax \_\_\_\_\_

**我希望成為 I would like to join as**

遴選會員 Voting Member (由兩位理事會委員推薦 nominated by 2 Council Member)

**Nominated by Council Member (1)**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Seconded by Council Member (2)**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

遴選會員年費 - 港幣二百五十元正。  
Voting Member annual subscription fee - HK\$250.

\* 申請表格連同會員年費 (支票請劃線並抬頭「生命火花院前輔助醫療學會(香港)有限公司」或「生命火花」, 寄新界葵涌梨木道 79 號亞洲貿易中心 7 樓 713 室 或 電郵 enquiry@sparkoflife.org.hk 義務秘書收。會員年費可經「轉數快」支付, 本會的轉數快識別碼為 7312200。

\* Please send Enrolment Form together with membership annual subscription fee (crossed cheque payable to "SOCIETY FOR PREHOSPITAL ADVANCED RESUSCITATION AND KISS OF LIFE (HONG KONG) LIMITED" or "SPARK OF LIFE") to Office 713, 7/F., Asia Trade Centre, 79 Lei Muk Road, Kwai Chung, N.T. or email enquiry@sparkoflife.org.hk attention: The Honorary Secretary. Annual subscription fee can be made via FPS, our FPS ID is 7312200.

簽名 Signature \_\_\_\_\_ 日期 Date \_\_\_\_\_

\*申請一經批核, 有效期將由批核日起至翌年三月三十一日止。

\*Upon approval, membership will be valid from the date of approval until 31<sup>st</sup> March of the following year.

\*性別、年齡及職業等資料將作統計會員資料之用。

\*Provision of information on gender, age and profession will be used in the compilation of members' profile.

申請人資料只用以申請生命火花院前輔助醫療學會(香港)有限公司會員, 更改及查閱個人資料, 請與本會聯絡。

Applicant's data will be solely used for enrolment as member of SOCIETY FOR PREHOSPITAL ADVANCED RESUSCITATION AND KISS OF LIFE (HONG KONG) LIMITED. For correction of or access to personal data, please contact us.

網址 Website: www.sparkoflife.org.hk

查詢 Enquiry: enquiry@sparkoflife.org.hk

<b>For Office Use Only 請勿填寫此欄</b>			
Received Date		Membership No.	VM
Cash / CQ	Date	Receipt No.	
Bank		Cheque No.	Amount Paid