

HONG KONG ASSOCIATION FOR INFANT MENTAL HEALTH LIMITED

MEMBERSHIP APPLICATION

PERSONAL PARTICULARS

Full Name :

(Surname first)

Chinese Name :

Title : Dr. Mr. Ms. Mrs.

Gender : Male Female

Mobile Number :

Email address :

Correspondence Address :

PROFESSIONAL BACKGROUND

Profession : Psychologist Psychiatrist Paediatrician Family Physician
 Medical Doctor Nurse Occupational Therapist Speech Therapist
 Physiotherapist Educator Childcare Worker Social Worker
 Others

If Others, please specify

Organisation :

Years of working in the profession :

Professional degrees (with graduation year) :

PROFESSIONAL REFEREE AND MEMBERSHIP TYPE

Name of Professional Referee:

(Referee is required for full membership application only and Referee must be a full member of the HKAIMH)

Referee's contact number :

Types of membership :

- Full Member (HK\$200 per year)
 Affiliate Member (HK\$100 per year)
 Life Member (HK\$2,000 One-off)

SUPPORTING INFORMATION

(e.g. information on your professional background and experience in infant and early childhood mental health, which will help the Committee to make a decision on your application)

Signature of applicant :

Date :

(dd/mm/yyyy)

* Please e-mail the completed form together with payment slip of relevant membership fee to hkaimh@gmail.com

Bank Account Details

Bank Name : HSBC

Account Name : Hong Kong Association for Infant Mental Health Limited

Account No. : 124-245564-838