



Application Form for Brigade Membership
(Ambulance and Nursing Member/ Officer / President)*
(Please fill in the Blank with Block Letters)

Name in English: _____ Name in Chinese: _____

Sex: _____ Date of Birth: _____

Correspondence Address: _____

Occupation: _____ Email Address: _____

Day-time Contact No.: _____ Pager/ Mobile Phone: _____ Fax No.: _____

Professional Qualifications: _____ Year: _____

Holder of valid First Aid Certificate: Yes / No* Expiry Date: _____

Holder of valid Home Nursing Certificate: Yes / No* Expiry Date: _____

Other Social Activities: _____

If accepted, I wish to join the Hong Kong Island / Kowloon / New Territories* unit of the Brigade

Signature: _____ Date: _____

(*please delete wherever inappropriate)

Remarks:

The personal data provided by means of this form will be used only for process of application and future contact.