



RESUSCITATION COUNCIL OF HONG KONG

Institutional Membership Application Form

(Please use BLOCK LETTERS)

Resuscitation Council
of Hong Kong

INSTITUTION DETAILS

Registered Company Name: _____

Name in Chinese (*if available*): _____

Certificate Number of the registered company under the Companies # _____

Ordinance in Hong Kong and Date of incorporation: _____
dd/mm/yy

Company Status: Government / NGO / Private / Other (*please specify*): _____

Registered Address: _____

Tel. No: _____ Fax: _____ Email: _____

Homepage: _____

Profile: _____

Size (approx. no. of members): _____

CPR / Resuscitation _____

Training activities _____

in the last 3 years: _____

CONTACT PERSON DETAILS

Name: (*Surname, Given Name*) _____ Chinese (*if available*): _____

Corresponding address if differ _____
from above registered address: _____

Contact Tel. No: _____ Fax: _____ Email: _____

Position: _____ Profile: _____

I, _____, hereby certify that all the information recorded in this Application Form is, to my best knowledge, TRUE and ACCURATE.

Signature: _____ Authorized Chop: _____ Date: _____

Office Use Only

Received by: _____ Date: _____

Date of Issue: _____ Expiry Date: _____

※ Completed Application Form shall be returned to Resuscitation Council of Hong Kong by email to

resuscouncil@gmail.com.