

EAST ASIAN FORUM OF NURSING SCHOLARS (EAFONS)

Membership Application Form

Please submit the completed form to EAFONS Secretariat (Ms Renee Leung) at sn.eafons@polyu.edu.hk.

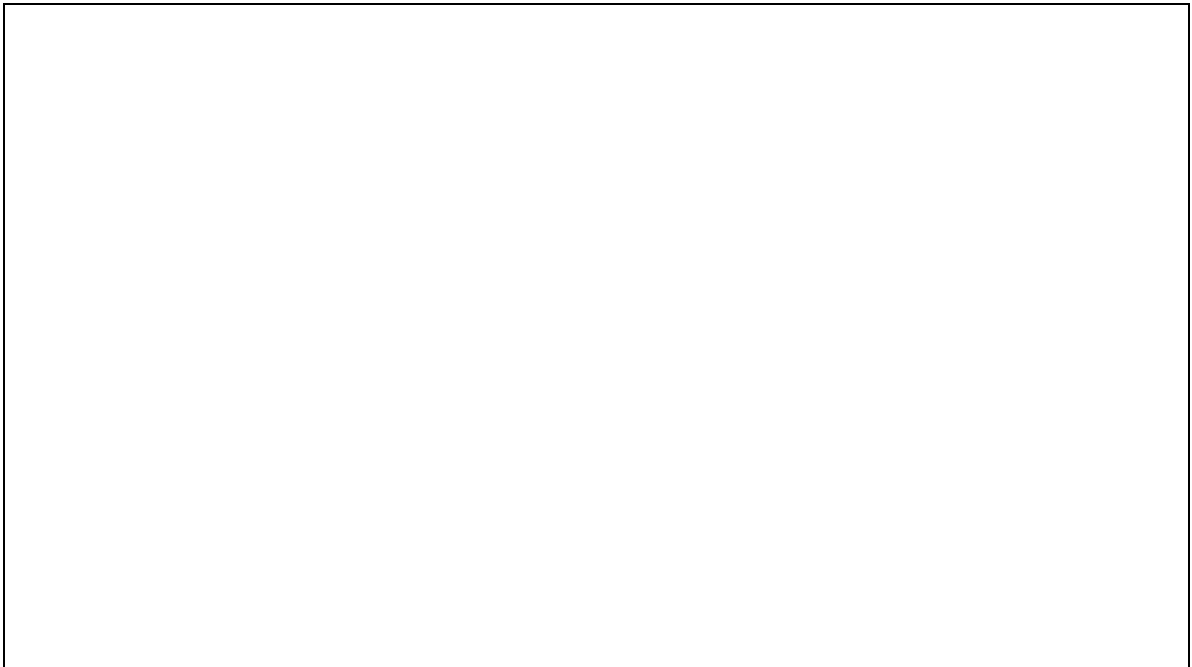
Part A:

1.	Date of Application: _____ (DD/MM/YYYY)
2.	Details of Applicant:
	Title: Prof. / Dr / Mr / Mrs / Ms
	Name: _____
	Country: _____
	Name of Institution: _____
	Position: _____
	Email: _____
	Tel: () _____ Fax: () _____
	Correspondence Address: _____
	Skype Account: _____ (if any)
	Other Positions (if any): _____

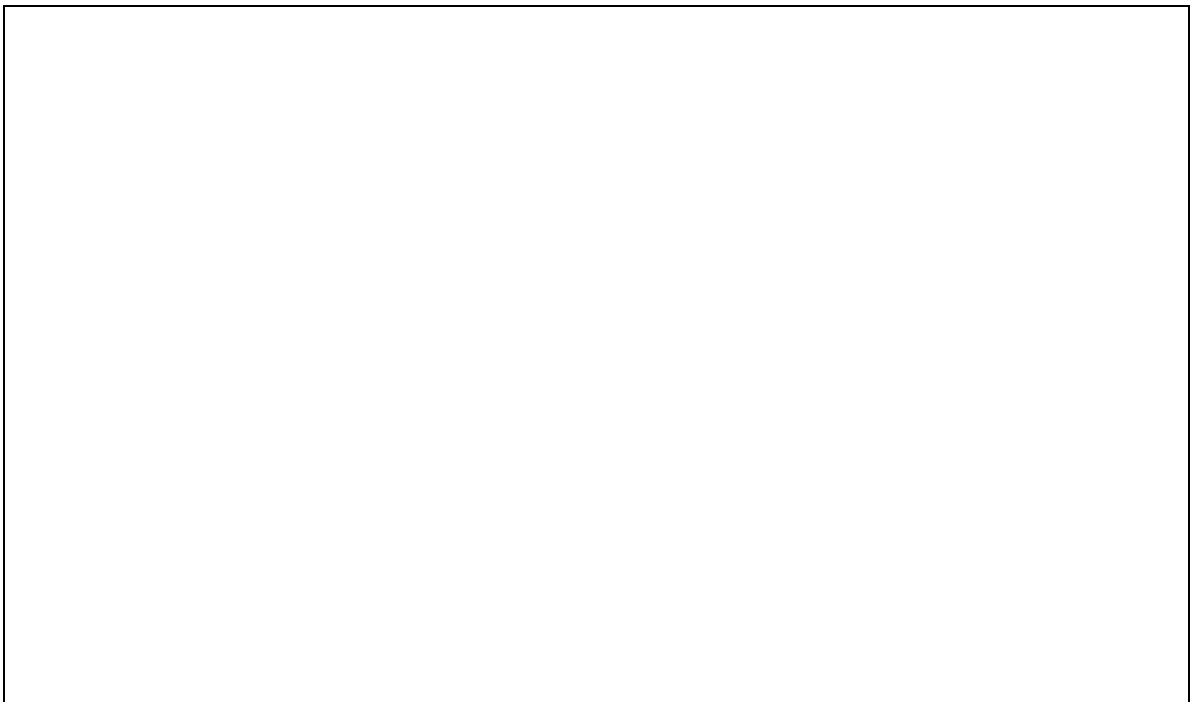
[A brief CV should be enclosed]

Part B:

1. Describe doctoral programme developed/ to be developed in your institution (not more than 300 words).



2. Describe your institution's potential contributions to EAFONS (not more than 300 words).



Part C:

1.	<p>You are nominated by:</p> <p>Title: Prof. / Dr / Mr / Mrs / Ms</p> <p>Name: _____</p> <p>Country: _____</p> <p>Name of Institution: _____</p> <p>Position: _____</p> <p>Email: _____</p> <p>Tel: () _____ Fax: () _____</p>
2.	<p>This nomination is seconded by:</p> <p>Title: Prof. / Dr / Mr / Mrs / Ms</p> <p>Name: _____</p> <p>Country: _____</p> <p>Name of Institution: _____</p> <p>Position: _____</p> <p>Email: _____</p> <p>Tel: () _____ Fax: () _____</p>

Part D: [Office Use Only]

Recommendation by EAFONS Executive Committee

() Approved

() Not approved

Term of Service: From _____ to _____

Membership Category:

() Regular Institutional Member (RIM)

() Associate Member (AM)

() Executive Committee Members (ECM)