

會員登記表

會員編號：_____

會員類別(年費類別)

“★” 此欄必須填寫,並在適當的□加上「✓」號。

家庭會員：☐一年電子版(\$21/豁免) ☐一年(\$50/\$25(每年 1/7 起)/豁免) ☐三年(\$100) ☐永久(\$500)

★電話:(住宅)_____ (辦公室)_____ (手提電話)_____

電郵地址：_____ 個人專長 / 興趣：_____

【此欄由中心填寫】

申請日期：_____ 收據編號：_____ 職員簽名：_____

★居住地址：(地區)_____ (街道/屋邨)_____ (大廈)_____ (座)_____ (樓/層)_____ (室/房)_____

郵寄地址/ Whatsapp 電話(如與以上資料不同)：_____

會員資料	★ 姓 名		性 別		年齡	★出生日期 月/年	與接受評估 兒童之關係	教育 程度	職業 / 就讀學校	★ 評估類別 (請選用右面代號)	類別代號
	中文	英文	男	女							
申請人						/	父/母/其他_____				1.智力障礙
配偶						/	父/母/其他_____				2.肢體弱能
接受評估 之子女						/					3.弱聽
						/					4.弱視
其他子女 及直屬 家庭成員						/					5.自閉症譜系
						/					6.唐氏綜合症
						/					7.精神病患
						/					8.專注力不足/ 過度活躍
						/					9.特殊學習困難
						/					10.其他,請說明

備註：1. 凡接受社會福利署綜合援助或低收入之家庭可申請豁免入會費，詳情可向中心主任或社工查詢。

2. 本人同意提供上述資料，儲存於協康會資料庫內，作為申請會籍及統計之用，並已詳閱「申請服務同意書」及同意有關內容。

3. 本人 ☐同意/☐不同意協康會使用上述所提供的電郵地址，作為**開通協康會網上帳戶**之用（閣下日後可自行登入查閱會籍資料、中心通告及已報名活動及課程）；4. 本人 ☐同意/☐不同意協康會使用上述所提供的電郵地址，作為**收取協康會電子資訊**之用。

收取中心資訊方法 備註： 1.為鼓勵會員支持環保，本會可提供電子版本的中心本及合訂本的活動快訊，以電子方式發放給會員參閱。

2.選擇一年電子版(\$21)的會員，已自動選擇以電子方式收取活動快訊。

3.敬請會員在手提電話內儲存將所屬中心 Whatsapp 電話，以便收取中心的群發訊息。

本人選擇以 1) ☐ 電子方式收取活動快訊 或2) ☐ 郵寄方式收取_____中心活動快訊

申請人簽署：_____

日 期：_____

Membership Registration Form

Membership No.: _____

“★” This column must be filled in, and please add “✓” to the appropriate ☐.

Family Membership Category (Please select Annual Fee Category):

☐ One-year electronic version (\$21/exempt) ☐ One-year (\$50/\$25 (starting from 1/7 every year)/exempt)☐ Three years (\$100)☐ Permanent (\$500)

Tel.: (Home) _____ (Mobile) _____ (Work) _____ Email Address: _____

Residential Address: _____

Mailing Address (if applicable): _____

Official Use Only

Application Date: _____

Receipt No.: _____ Handled by: _____

Member Information	★ Name		Sex		Age	★Date of Birth	Relationship with the child receiving the assessment	Academic Level Attained	Occupation /	★ Category of Disability Type (Please select the code on the right)	Category Code
	Chinese	English	M	F		Month/Year			School Attended		
Applicant						/	Father/Mother/ Other: _____				1. Intellectual disability 2. Physical disability 3. Hearing impairment 4. Visual impairment 5. Autistic spectrum 6. Down syndrome 7. Mental illness 8. Attention deficit /Hyperactivity disorder 9. Specific learning difficulties 10. Others, please specify
Spouse						/	Father/Mother/ Other: _____				
Child/Children being assessed						/					
						/					
Other children & immediate family members						/					
						/					
						/					

Remarks:

1. Families receiving comprehensive social security assistance from the Social Welfare Department or low-income families can apply for exemption from membership fees. For details, please contact the centre manager or social worker.
2. I agree to provide the above information and store it in the Heep Hong Society database for membership application and statistical purposes.
I have read the "Consent form for Service Application" and agreed to the relevant terms and contents.
3. I ☐ Agree/ ☐ Disagree that Heep Hong Society uses the email address provided above for the purpose of opening the Heep Hong Society online account (Members can log in to view membership information, center notices, and registered activities and courses in the future).
4. I ☐ Agree/ ☐ Disagree that Heep Hong Society uses the email address provided above for the purpose of receiving electronic information from Heep Hong Society.

Means to receive information from the center:

Remark:

1. To encourage members to support environmental protection, the Association can provide electronic versions of the centre's and bound volumes of activity bulletins for members to read electronically.
2. Members who choose the one-year electronic version (\$21) have automatically chosen to receive activity bulletins electronically.
3. Members are kindly requested to save the WhatsApp phone number of the centre to which they belong in their mobile phones so that they can receive broadcast/group messages from the centre.

I choose to receive activity bulletins by: 1) ☐electronically 2) ☐mailing of centre activity bulletins of _____Centre

Applicant's Signature: _____ Date: _____

Membership No.: _____

★Country of Origin: _____

Family Membership: ☐ 1-year (\$21/exempted)

★Telephone: _____ (Home) _____ (Work) _____ (Mobile)

Email:

[illegible]

Official Use Only

Application Date: _____

Receipt No.: _____ Handled by: _____

★ Residential Address:

[illegible]

Mailing Address (if applicable):

[illegible]

Applicant Information	★Name	Sex		Age	★Date of Birth (Month/Year)	Relationship with the child	Education Level	Occupation/ School	★Types of SEN (Please use the code below)
	English	M	F						
Applicant									
Spouse									
Child with disability									
Other children and immediate family members									

Types of special educational needs (SEN):

1. Intellectual disability 2. Physical disability 3. Hearing impairment 4. Visual impairment 5. Autistic spectrum disorders

★ Compulsory

☐ Please tick as appropriate

6. Down syndrome 7. Mental Illness 8. Attention deficit hyperactivity disorder 9. Specific learning difficulties 10. Others: please specify

★Remarks:

1. Families on CSSA or of low income might be exempted from membership fee. Please check with centre-in-charge or social workers for details.
2. I agree Heep Hong Society to collect the above information for processing of my application and statistical purposes; I also read and agree with the “Consent Form for Service Application”.
3. I ☐ agree / ☐ disagree Heep Hong Society to use the above email address for *signing up an online Heep Hong Society account*.
4. I acknowledge that I need to save the WhatsApp phone number of the centre in my mobile phone so that I can receive broadcast/group messages from the centre.

Applicant's signature: _____

Date: _____

Heep Hong Society
協康會
Consent form for Service Application
申請服務同意書

I (the Applicant) understand and agree to the followings:

本人（即下方簽署人）明白及同意下列事項：

1. Heep Hong Society shall collect and record my personal and family members' data for the purpose of processing my application and statistics compilation.
 協康會收集本人的個人及家庭成員資料，並將儲存於協康會資料庫內，用作處理本人向該會申請服務及協康會統計之用。
2. If I do not provide sufficient information, Heep Hong Society may not be able to process my application or provide me with service. It is my responsibility to ensure all information given is true and correct, and to inform Heep Hong Society of any change in information.
 若本人未能提供足夠的資料，協康會將可能無法處理申請或提供服務，故本人有責任確保提供的資料正確無誤，及通知該會有關任何資料的改動。
3. Where necessary, my child's/member's information collected by Heep Hong Society may be provided to other service units (including Government Departments and Bureaux or Non-Government Organizations) for the purposes of service arrangement and provision.
 協康會所收集有關學童/會員的資料，可提供予有關服務單位（包括政府部門或非政府機構），以便安排所需的服務。
4. Heep Hong Society shall obtain all relevant information relating to my child/ member from Government Departments and Bureaux, Hospital Authority or Non-Government Organizations for the purpose of service provision and arrangement.
 協康會可向其他有關的政府部門、醫院管理局或非政府機構索取或核對學童/會員存放於該些機構的資料，以便提供所需的服務。
5. I have a right to request access to, and to request correction of, my personal data in relation to the application.
 本人有查閱或改正個人資料的權利。
6. I have read and understood the "Personal Information Collection Statement".
 I ☐ agree/☐ do not agree to receive latest news, promotion and offers from Heep Hong Society.
 本人已閱讀「收集個人資料聲明」，並 ☐同意/☐不同意 收取協康會的推廣資訊。

Signature of applicant :

申請人簽署

Applicant name : _____ (Parent of _____)

申請人姓名 (_____ 家長)

Date :

日期