

**The Hong Kong Society for the Deaf
Ordinary Membership Application Form (2010-2011)**

This form is applicable to:

(1) First application for membership

(2) Members who did not renew in the period of 1 Jan 2009 to 31 Dec 2009

For details of application, please refer to "Membership Registration and Regulations".

Qualification : Open to all; Applicants under the age of 18 should obtain approval of parent/guardian

Membership Fee (2010-2011): \$30 (from 1 Apr 2010 to 31 Mar 2011)

A. Membership type: (Please tick as appropriate)

I would like to apply for: Hearing Impaired member* Hearing member

* Hearing Impaired, document for hearing status required.

B. Personal Particulars:

1. Name : (Chinese) _____ (English) _____

2. Sex : M F 3. Birthday _____ Yr _____ M _____ D

4. No. of identity document: - 5 Local citizen ? Yes No

6. Address _____

7. Home tel. no. _____ 8. fax _____ 9. Mobile _____

10. Pager _____ 11. Email _____

12. Tel/fax/pager for emergency _____

13. Highest Education Attainment (pls. select one) : no preschool/kindergarten primary
 lower secondary higher secondary vocational training matriculation
 tertiary(non-degree) tertiary(degree) other(pls. specify) _____

14. Occupation (pls. select one): student: Grade _____ school name _____

position _____ nature of business _____

housewife retired waiting for employment other _____

15. What is your main method of communication in everyday life? (pls. select one)

mainly oral mainly sign language mainly sign language, assisted with lip-reading & writing

mainly lip-reading, assisted with oral speech mainly lip-reading assisted with writing

mainly writing other _____

16. Hearing Impaired Member Only: (Hearing Loss in dB)

Left Ear (dB) : 26-40 41-55 56-70 71-90 over 90 Do not know

Right Ear(dB): 26-40 41-55 56-70 71-90 over 90 Do not know

17. How do you want to receive Society's newsletter (please choose one):

Please don't send me* Email* Mail

*newsletter is also available at our website, if you choose not receiving or by email, you can enjoy 20% discount in membership fee. Please also note that administration charge is needed for re-applying newsletter by mail.

18. If you do not want to receive Society's other information by mail (e.g. birthday card)?

Please tick here: Please don't send me



Overseas member only : if you still want to receive our newsletter by mail, please pay the mailing fee, together with the membership fee. If you do not fill in the following table, you will not receive our newsletter by mail.

District	Mailing Fee(Same amount for 2 nd Class Air mail and Surface)
China, Taiwan, Macau	<input type="checkbox"/> \$30 Surface only (No Air Mail)
South East Asia/Asia	<input type="checkbox"/> \$40 Air (2 nd class)
America & others	<input type="checkbox"/> \$50 Air (2 nd class)

Applicant aged under 18: (please sign at part C)

Name of Parents/Guardian _____ Mr/Mrs/Ms Relation _____

Hearing impaired members under 18 and their family members could join our Parents Resource Centre as free members. Parent/guardian please complete the following information. Our staff will contact you soon.

I would like to would not join as member of Parents Resource Centre.

Please contact me: Tel : _____ Fax : _____

Address (if different from above): _____

C. Declaration:



I warrant that the above information is true and, have read and agree the regulation, rights and welfare listed by the Society.

Signature of applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

(applicant under 18)

Application by mail: please send this form, with copy of identity documents and supported documents for hearing impairment (if applicable) and a crossed cheque payable to Hong Kong Society for the Deaf and a self-addressed envelop with \$1.4 stamps to Room 903, DWSSB, 15 Hennessy Road, Wanchai, HK marked "The Hong Kong Society for the Deaf—membership application"

本會專用: 收取會費 : \$30 \$24 (八折) 其他 _____

會員編號: _____

聽力受損證明文件(申請聽障會員須填) :

- 本會聽力受損狀況聲明 (如沒有文件者可使用) 本會聽覺中心;
- 專科醫生/聽覺中心發出之證明 社署傷殘津貼證明/編號
- 聾校學生證明; 殘疾人士登記證; 驗耳圖; 其他: _____
- 沒有任何文件, 請列明特別情況 _____

需跟進? 需 不需 日期: _____ 經手同工姓名: _____