

The Hong Kong Society for the Deaf
Full / Life Membership Application form
2010-2011

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

- Qualification : (1) Must be aged 18 or above
(2) Must obtain continuous membership for not less than 2 years prior to application
(3) Must obtain recommendation of 2 full/life voting members.

Life Membership Fee: \$2000 (one lump sum payment)

Full Membership Fee: \$40 (from 1 Apr 2010 to 31 Mar 2011)

A: Membership type: (Please tick as appropriate)

I would like to apply for: Life member Full member

B: Personal Particulars

Ordinary Membership No. _____

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 (pls choose one):
 Pls 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. Pls 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: Pls 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)

Referee (must be Society's Current Full Members or Life Members)

Referee 1:

Membership No: _____ Name: _____ Signature: _____ Date: _____

Referee 2:

Membership No: _____ Name: _____ Signature: _____ Date: _____

Please list out your past and current experience in volunteer work or participation in any professional groups.

Professional Group of Affiliation:

Name of Group	Qualification/Membership Details	Period

Experience in volunteer work:

Name of Organization/Group	Qualification/Membership Details	Period



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 _____

Note: All application for of full/life membership will need the approval of Council. Applicant will be notified after all verification procedures are completed.

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 Hennessey Road, Wanchai, HK marked "The Hong Kong Society for the Deaf—membership application"

Official Use only: 持有本會會籍年期: 由 _____

收取會費: \$2000 (永遠) \$40 \$32 (8折)

收款詳情: 現金(收據編號: _____) 支票(編號: _____)

經手同工姓名: _____ 中心: 香港/將軍澳/新界/何文田 日期: _____

本會執行委員會批核

委員姓名: _____ 簽署: _____

總幹事簽署: _____ 通過日期: _____

新會員編號(總辦事處用): _____ 經手同工: _____ 日期: _____