

**The Hong Kong Society for the Deaf
Overseas Membership Renewal (2010-2011)**

Membership fee: Ordinary (OD/OH) : \$30 Full (FD/FH) : \$40
For details of application, please refer to "Membership Registration and Regulations".

Membership No: _____	Name: _____
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Personal Data (If changed)

Address: _____
Tel.: _____ Fax: _____ Mobile: _____

A: Receive our information?

- ▶ How do you want to receive Society's newsletter (pls choose one):
 Mail Pls don't send me* Email* (Email _____) *newsletter is 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.
- ▶ 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)

▶ **Applicant aged under 18: (pls. sign at part B)**

Name of Parent/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): _____

B: 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
(applicant aged 18 or above)

Signature of Parent/Guardian
(applicant under 18)

Date: _____

C. Applicant cannot apply in person

If you cannot renew your application by mail or in person, please fill in the authorized person's details.
Name of authorized person: _____ signature of authorized persons _____
ID number(the alphabet & the first 3 digits): -
Contact of authorized person (Tel) _____ (Fax) _____

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:

收取會費：普通 \$30 \$24 (八折) 基本 \$40 \$32 (八折) 其他 _____

經手同工姓名： _____ 收款日期： _____

N / O