

# The Hong Kong Society for the Deaf Ordinary Membership Application Form (2012-2013)

This form is applicable to:

- (1) First application for membership
  - (2) Members who did not renew in the period of 1 Jan 2011 to 31 Dec 2011
- 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

Valid Date of Membership: One-year: from April 1, 2012 to March 31, 2013  
Five-year: from April 1, 2012 to March 31, 2017

**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.

	Received newsletter by post	Do not receive newsletter or receive by email
One-year	<input type="checkbox"/> \$30	<input type="checkbox"/> \$24
Five-year	<input type="checkbox"/> \$120	<input type="checkbox"/> \$100

**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. Email \_\_\_\_\_ 11. Tel/fax/ for emergency \_\_\_\_\_
12. 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) \_\_\_\_\_
13. Occupation (pls. select one):  student: Grade \_\_\_\_\_ school name \_\_\_\_\_  
 position \_\_\_\_\_ nature of business \_\_\_\_\_  
 housewife  retired  waiting for employment  other \_\_\_\_\_
14. 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 \_\_\_\_\_
15. **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

16. 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 discount in membership fee. Please also note that administration charge is needed for re-applying newsletter by mail.

17. 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	
	1 year	5 year
China, Taiwan, Macau -- <b>Surface only (No Air Mail)</b>	<input type="checkbox"/> \$30	<input type="checkbox"/> \$150
South East Asia/Asia -- <b>Air (2<sup>nd</sup> Class Air Mail)</b>	<input type="checkbox"/> \$40	<input type="checkbox"/> \$200
America & others -- <b>Air (2<sup>nd</sup> Class Air Mail)</b>	<input type="checkbox"/> \$50	<input type="checkbox"/> \$250

**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.

#1  would like to  would not join as member of Parents Resource Centre.  
(For parent with hearing impaired child under 6)

I  am interested in joining  would not join the John Tracy Clinic Correspondence Course.

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:

	郵寄通訊	不郵寄通訊
一年	<input type="checkbox"/> \$30	<input type="checkbox"/> \$24
五年	<input type="checkbox"/> \$120	<input type="checkbox"/> \$100

(收據編號: \_\_\_\_\_)

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  學校學生證明;
- 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

會員編號: \_\_\_\_\_ 日期: \_\_\_\_\_ 經手同工: \_\_\_\_\_