The Hong Kong Society for the Deaf
Membership Renewal (2012-2013)

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

Membership No:_____ Name: _____

Membership / Newsletter	Ordinary Member(OD/OH)		Full Member(FD/FH)	
	1-year Valid to 31/3/2013	5-year Valid to 31/3/2017	1-year Valid to 31/3/2013	5-year Valid to 31/3/2017
Received newsletter by Post	☐ $30	☐ $120	☐ $40	☐ $160
Do not receive newsletter/ Receive by email	☐ $24	☐ $100	☐ $32	☐ $130

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 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

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

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): _____

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

N / O **Official use only**:收據編號：_____ 經手同工：_____ 收款日期:_____