

**The Hong Kong Society for the Deaf  
Full / Life Membership Application Form 2021-2022**

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

**Qualification:**

- (1) Must be aged 18 or above;
- (2) Must have obtained continuous membership for 24 consecutive months or above;
- (3) Must obtain recommendations of 2 Full / Life Members.

**A: Membership type:**

I would like to apply for: (Please tick as appropriate)

Membership	Life Member	Full Member
Valid Date of Membership	Life	Valid to March 31, 2022
Membership Fee	<input type="checkbox"/> \$500	<input type="checkbox"/> \$40

**B: Personal Particulars:** (Membership No.: \_\_\_\_\_)

1. Name: (Chinese) \_\_\_\_\_ (English) \_\_\_\_\_
2. Sex:  M  F 3. Date of Birth: \_\_\_\_\_ Yr \_\_\_\_\_ M
4. Highest education attainment (Please select one):
  - No  Preschool / Kindergarten  Primary
  - Lower secondary  Higher secondary
  - Vocational training  Tertiary (Non-degree)
  - Tertiary (Degree)  Master or above  Others (Please specify): \_\_\_\_\_
5. Occupation (Please select one):  Student: Grade: \_\_\_\_\_ School name: \_\_\_\_\_  
 Position: \_\_\_\_\_ Nature of business: \_\_\_\_\_  
 Housewife  Retire  Waiting for employment  Others: \_\_\_\_\_
6. Home tel. no.: \_\_\_\_\_ 7. Mobile: **(Must fill in)** \_\_\_\_\_

(Please tick as appropriate) Receive messages by  WhatsApp /  SMS

8. Fax: \_\_\_\_\_ 9. Email: \_\_\_\_\_
10. Address: \_\_\_\_\_

11. How do you want to receive Society's newsletter\* and other information? (Please select one):  
 By mail  By email  By both email & mail  No, thanks \*Newsletter is available at our website
12. **For overseas member only:** If you want to receive our newsletter by mail, please submit the mailing fee together with the membership fee. (Please select one) \*Delivery standard please check with hongkongpost.hk

District	Mailing Fee (1 year)		Mailing Fee (5 years)	
	Surface mail*	Air mail*	Surface mail*	Air mail*
China, Taiwan, Macau	<input type="checkbox"/> \$50	/	<input type="checkbox"/> \$235	/
South East Asia/Asia	<input type="checkbox"/> \$70	<input type="checkbox"/> \$140	<input type="checkbox"/> \$335	<input type="checkbox"/> \$670
America & others	<input type="checkbox"/> \$75	<input type="checkbox"/> \$145	<input type="checkbox"/> \$340	<input type="checkbox"/> \$700

13. Emergency contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_ Mobile: \_\_\_\_\_

14. **For hearing impaired member only:** (Hearing Loss in dB)  
 Left Ear:  26-40  41-55  56-70  71-90  Over 90  Not Sure  
 Right Ear:  26-40  41-55  56-70  71-90  Over 90  Not Sure

Document proof for hearing impairment:

- Written documents issued by Society's hearing centre  Audiogram
- Written documents issued by medical doctor/hearing centre
- Document indicating that applicant is a recipient of disability allowance (for hearing disability)
- Student card, handbook, report... showing that applicant is a student of deaf school
- Registration card for disability issued by Labour and Welfare Bureau  Past hearing impaired member
- Declaration of status of hearing impairment by our Society  Others (Please specify: \_\_\_\_\_)
- None of the above (Please specify: \_\_\_\_\_) Follow-up needed?  Yes  No

**For hearing impaired member only:** HKID No.: (Prefix and first 3 digits) -

I agree that the personal data provided to the Hong Kong Society for the Deaf are voluntary. These data are only used for future service referrals and application for government and external funding.

**Our Objectives:**

1. To undertake projects of publicity, education, recreation, counselling, clinical, audiological and medical services for the hearing impaired; and to assist or cooperate with any institutions, organizations or individuals to improve the services for the hearing impaired.
2. To work towards improving the educational standards for the hearing impaired, to provide scholarship and special equipment for the hearing impaired as well as to provide guidance for parents of hearing impaired children.
3. To inform the public about the problems and needs of the hearing impaired, to give necessary information to hearing impaired persons and their families about institutions and services available to them, and to exchange information among institutions serving the hearing impaired and to promote the concept of and to take steps to work towards the integration of the hearing impaired with the public.

15. How long have you join the Society?  
 1 Year    2 Years    3 Years    4 Years    5 Years    6 Years of above    Not Sure
16. Please indicate the service(s) you have received from the Society. (Check all that apply)  
 Nil    Audiology service    Pre-school education service    Sign language interpretation service  
 Counseling service    Speech therapy service    Cochlear implantation service  
 Employment service    Parents Resource Centre    Social & recreational service    Others: \_\_\_\_\_
17. Do you think our service are enough?  Yes    No, my suggestions: \_\_\_\_\_
18. Please indicate the device you use to improve hearing.  
 Hearing aid    Cochlear implant    Hearing aid & cochlear implant    Haven't use any devices
19. Please indicate the main communication method in your everyday life. (Please select one)  
 Oral    Sign language    Mainly sign language and assisted with lip-reading & writing  
 Mainly lip-reading and assisted with oral speech    Mainly lip-reading and assisted with writing  
 Mainly writing    Others (Please specific: \_\_\_\_\_)
20. Do you need sign language interpretation services? (**Must fill in**)    Yes    No
21. Do you agree with the objectives of the Society? (Please tick as appropriate, refer to page 1)    Yes    No
22. Please list your current/previous participation in the Society's activities or services:

23. The reason(s) for applying the Life membership (Not applicable for full membership applicant)

24. Please tell us your suggestions on Society's future development.

25. Please state if you are or have been appointed as the board member of any organizations/groups for the deaf.  
 Name of organization: \_\_\_\_\_  Current board member    Previous board member  
 Name of organization: \_\_\_\_\_  Current board member    Previous board member

26. **Referee:** Applicants for Full or Life Membership must obtain recommendations from 2 current Full / Life members. Referees are required to provide comments and sign on either the application form or the "Form for Referee" and send to Headoffice.

**Referee 1:** Comment by Referee to the Applicant: \_\_\_\_\_

Membership No: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Referee 2:** Comment by Referee to the Applicant: \_\_\_\_\_

Membership No: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you do not provide two referees' information in this form, please tick one:

- My referees will send the forms to Headoffice.    I cannot submit one/two referees' information.



**C. Declaration:** I warrant that the above information is true and, have read and agree the regulation, rights and obligations listed by the Society.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Application by mail : Applicant should return the completed form, with all the above documents, a crossed cheque payable to "The Hong Kong Society for the Deaf" together with a self-addressed envelope with \$2 postage stamp affixed to the Society. (Address: Rm 903, DWSSB, 15 Hennessy Road, Wan Chai, please specify "The Hong Kong Society for the Deaf - Membership Application" on the envelope.)

### **Personal Information Collection Statement**

In compliance with 《the Personal Data (Privacy) (Amendment) Ordinance》 ("Amendment Ordinance"), The Hong Kong Society for the Deaf wants you to understand the organization's arrangements for the use of personal data. In order to maintain regular contact with members and keep you informed of the latest news of the Society, including the activities, news, fundraising, invitations to workshops and seminars, collection of opinions and information about the Society, this will be based on the above amendment ordinance to collect, protect and use your personal data. We may use your personal data (including your name, phone number, fax, email and mailing address) to keep in touch with you and distribute information. You have a right to stop using your personal data and contact you at any time. Except for the above-mentioned purposes, we will not sell, rent or transfer your personal data to any person or organization in any form.

You may at any time request to stop receiving our information or contact, please email your request to info@deaf.org.hk or fax to 2529 3316, and make an "unsubscribe request".

**Official Use Only:**

Membership since: \_\_\_\_\_(Year)

Staff comments (E.g.: How often has the applicant join our service?): Use separate sheet if needed: \_\_\_\_\_  
Date: \_\_\_\_\_

Membership Fee :  \$500 (Life)     \$40 (1 Year)    Payment Method:  Cash     Cheque with no.: \_\_\_\_\_)

Staff: \_\_\_\_\_    Center: \_\_\_\_\_    Date: \_\_\_\_\_

**Approval by Council Members:**

**Name of the member:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Directors Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**New membership no.:** (For Headoffice Use) : \_\_\_\_\_ **Staff:** \_\_\_\_\_ **Date:** \_\_\_\_\_