

The Hong Kong Society for the Deaf Ordinary Membership Application Form (2021-2022)

We welcome everyone who is interested in the welfare of the hearing impaired to become our members. For application procedures and other details, please refer to the "Membership Registration and Regulations". Applicants under the age of 18 should obtain approval of parent / guardian.

Valid Date of Membership: (1 year) From April 1, 2021 to March 31, 2022 //
(5 years) From April 1, 2021 to March 31, 2026

A. Membership

(Please tick as appropriate)

- | | |
|---|---|
| <input type="checkbox"/> Hearing impaired member* (Copies of valid proof for hearing impairment are needed for new members) | <input type="checkbox"/> Hearing member |
| <input type="checkbox"/> \$30 (1 year) or <input type="checkbox"/> \$120 (5years) | |

B. Personal Particulars:

1. Name: (CHI) _____ (ENG) _____
2. Sex: M F 3. Date of Birth: _____ Year _____ Month
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*, birthday card 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: | <input type="checkbox"/> 26-40 | <input type="checkbox"/> 41-55 | <input type="checkbox"/> 56-70 | <input type="checkbox"/> 71-90 | <input type="checkbox"/> Over 90 | <input type="checkbox"/> Not Sure |
| Right Ear: | <input type="checkbox"/> 26-40 | <input type="checkbox"/> 41-55 | <input type="checkbox"/> 56-70 | <input type="checkbox"/> 71-90 | <input type="checkbox"/> Over 90 | <input type="checkbox"/> 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.

15. Please indicate the service(s) you have been received by 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:_____

16. Please indicate the device you use to improve hearing.
 Hearing aid Cochlear implant Hearing aid & cochlear implant Haven't use any devices

17. 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 specify:_____)

18. Do you need sign language interpretation services? **(Must fill in)** Yes No

For applicant aged under 18: (Please fill in the part below and sign at part C)

Name of Parent/Guardian:_____ Relationship:_____

Hearing impaired members under 18 and their family members could join our Parents Resource Centre as free members. Please complete the following information and relevant programme information will be sent to you.

1. I would would not like to be a member of the Parents Resource Centre.
2. (For parents with hearing impaired child under 6) I would would not like to 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 obligations listed by the Society.

Signature of applicant

Signature of Parent/Guardian
(Applicant under 18)

Date

Application by mail : Applicants 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".

Internal Use: Membership Fee : \$30 (1 Year) \$120 (5 Years) (Receipt No.:_____)

Membership No.:_____ Date:_____ Staff:_____

(HK\$20 administration fee is required for re-issuing a new card)