

The Hong Kong Society for the Deaf
Ordinary Membership Application Form (2024-2025)

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.

Membership	<input type="checkbox"/> Hearing impaired member (Copies of valid proof for hearing impairment are needed for new members) <input type="checkbox"/> Hearing member
Valid Date of Membership & Membership Fee	<input type="checkbox"/> 31 March, 2025 (1 year) : HK\$30 <input type="checkbox"/> 31 March, 2029 (5 years) : HK\$120

Part A : Personal Particulars

1. Name : (CHI) _____ (ENG) _____
2. Gender : ☐ Male ☐ Female
3. Date of Birth : _____ Year _____ Month _____
4. Highest education attainment **(Please select ONE)** :
- ☐ No ☐ Pre-school/ Kindergarten ☐ Primary ☐ Lower secondary ☐ Higher secondary
- ☐ Vocational Training ☐ Tertiary (Non-degree) ☐ Degree ☐ Master or above
- ☐ Others (Please specify) : _____
5. Occupation **(Please select ONE)** :
- ☐ Student : (Grade) _____ School Name : _____
- ☐ Position : _____ Nature of Business : _____
- ☐ Housewife ☐ Retired ☐ Waiting for employment ☐ Others (Please specify) : _____
6. Mobile **(MUST FILL IN)** : _____ 7. Receive messages by **(MUST FILL IN)** : ☐ WhatsApp / ☐ SMS
8. Tel : _____ 9. Email : _____ 10. Fax : _____
11. Address : _____
12. How do you want to receive Society's newsletter*, birthday card and other information? **(Please select ONE)**
- ☐ By Mail ☐ By Email ☐ No, thanks * Newsletter is available at our website
13. Emergency Contact Person : _____ Relationship : _____ Tel : _____

Part B : For Hearing Impaired Member ONLY (Hearing Loss in dB)

Left Ear : ☐ 26-40 ☐ 41-55 ☐ 56-70 ☐ 71-90 ☐ Over 90 ☐ Not Sure ☐ Not Applicable

Right Ear : ☐ 26-40 ☐ 41-55 ☐ 56-70 ☐ 71-90 ☐ Over 90 ☐ Not Sure ☐ Not Applicable

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.

Part C : Others

14. 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: _____

15. Please indicate the device you use to improve hearing. **(Please select ONE)**

- ☐ Hearing aid ☐ Cochlear implant ☐ Hearing aid & cochlear implant ☐ Haven't use any devices

16. Please indicate the main communication method in your everyday life. **(Please select ONE)**

- ☐ Oral ☐ 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 ☐ Others (Please specify: _____)

17. Do you need sign language interpretation services? **(MUST FILL IN)** ☐ Yes ☐ No

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

Name of Parent/Guardian : _____ Relationship : _____ Tel : _____

Address (if different from above) : _____

Part E : 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)**

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

* Delivery standard please check with hongkongpost.hk

Part F : 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 \$2.2 postage stamp affixed to the Society.
(Address: Room 903, DWSSB, 15 Hennessy Road, Wan Chai, Hong Kong. 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: (HK\$20 administration fee is required for re-issuing a new card)

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

Membership No.: _____ Staff: _____ Date: _____