The Hong Kong Society for the Deaf
Ordinary Membership Application Form (2026-2027)

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	☐ Hearing impaired member ☐ Hearing member
Valid Date of Membership & Membership Fee	☐ 31 March, 2027 (1 year)：HK$30 ☐ 31 March, 2031 (5 years)：HK$120

Part A：Personal Particulars

(REQUIRED)

1. Name：(CHI) _____ (ENG)_____

2. Gender：☐ Male ☐ Female 3. Date of Birth：Year _____ Month_____

4. Address / District **(REQUIRED)** ：_____

5. Mobile：_____ 6. Receive messages by： ☐ WhatsApp ☐ SMS

7. Tel：_____ 8. Email：_____

9. How do you want to receive Society's newsletter? **(Please select ONE)**

☐ By Email ☐ No, thanks * *Newsletter is available at our website*

10. How do you want to receive Society's birthday card ? **(Please select ONE)**

☐ By WhatsApp ☐ By Email ☐ No, thanks

11. Emergency Contact Person：_____ Relationship：_____ Tel：_____

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

1. 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

2. 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:_____)

3. Please indicate the device you use to improve hearing.

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

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

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

Part E：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 copies of identity documents, copies of valid proof for hearing impairment (if applicable) and 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)

☐ HKID verified ☐ Document proof for hearing impairment verified

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

Membership No.:_____ Staff:_____ Date:_____