



Sports Association for the Physically Disabled of Hong Kong, China

地址：新界沙田美林邨美楓樓 B 座地下 141-148 室

Address: Unit 141-148, G/F, Block B, Mei Fung House, Mei Lam Estate, Shatin, N.T.

電話 Tel.: 2602-8232 傳真 Fax: 2603-0106

電郵 Email: admin@hksapd.org

網頁 Website: www.hksapd.org

Membership Application Form

1. Personal Information

Name : _____ (Chinese) _____ (English)

Hong Kong Resident Yes HKID No. : _____ (First 5 Digits) No, pls specify : _____

Sex : Male Female Date of Birth (mm/yy) : _____

Correspondence address : _____

Contact Tel No. : _____ Email : _____

2. Health Status

Disability Person Yes No

Impairment

Visual impairment

Total blindness Low vision

Physical impairment

Cerebral palsy Hypertonia Muscular dystrophy Limb deficiency Impaired range of movement
 Brain Injury Limbs incoordination Spinal cord injury Short stature Leg length difference Others (Please specify) _____

Impaired position

Eye Right arm Right leg Others (Please specify) _____
 Trunk Left arm Left leg

Assistive devices

Electric wheelchair Manual wheelchair Stick/crutch Prosthesis Others (Please specify) _____

3. Membership Type

Ordinary Member HK\$20.00 per annum (from 1st Apr to 31st Mar) Life Member HK\$300.00

4. Payment Method

- Cash : Please bring the application form with documents to HKSAPD Secretariat.
 Cross Cheque No. : _____ Made payable to "Sports Association for the Physically Disabled of Hong Kong, China" and send it with application form to HKSAPD Secretariat.
 Bank Transfer : HSBC Bank A/C no. 002-1-398870 Sports Association for the Physically Disabled of Hong Kong, China, fax, email or send it with application form to HKSAPD.

5. Means of receipt of the Association Information (can only select one item)*

E-mail Post Do not wish to receive any information

6. How did you know our Association (can select more than one item)*

HKSAPD Website/Facebook Association Activities Family/Friends Others : _____

7. If applicant is under 18 years of age

Name of Parent/ Legal Guardian _____ Signature : _____ Date : _____

Contact Tel No. : _____ Email : _____

8. Renewal

Send a crossed cheque or bank transfer slip to HKSAPD Secretariat. Name, Contact Tel No. & Correspondence address are written on the back of cheque or bank transfer slip.

Remarks: The personal data provided in this form will be used for the membership application of HKSAPD and other related purposes. When necessary, related information may be provided to other authorized organizations to process the special matters. Personal data and information will be handled by staff of HKSAPD. For access and correction of personal data, please contact HKSAPD directly.

Applicant Signature : _____ Date : _____

* (Please select the appropriate by)

Internal Use Only					
Received Date:		Receipt No. :		Posted Date :	
Handled By :		Membership No. :		Registered Database Date : Finished by :	