



Membership Registration Form

To register as a member, please complete the form and send to

The Hong Kong Down Syndrome Association, Rooftop, On Hing House, Hing Wah (II) Estate, Chai Wan, Hong Kong.

(Please indicate “Membership Registration”)

Membership fee should be sent by cheque and made payable to

“The Hong Kong Down Syndrome Association”.

For enquiry, please call 26975391.

Eligibility:

A. Adult aged 18 or above and with one of the following criteria:

Parents/relatives of person with Down Syndrome; OR

Person who commits to improve quality of life of persons with Down Syndrome, as well as their families.

B. Organization or agency interested in our services can join as a corporate member.

Types of Membership:

1. New Member:

Ordinary Member HKD\$50 per year (*annual renewal of membership should be done on or before April*)

Life Member HKD\$500

2. Renewal: (Membership no.: _____)

Details of individual applicant:

Name: (Chin, if any) _____ (Eng) _____

D.O.B: _____ (YYYY) Sex: _____ Nationality: _____

Language: Cantonese English Mandarin Others: _____

Correspondence Address: _____

Contact no. (Residential): _____ (Mobile): _____

Email address: _____ Occupation: _____

Academic qualification: Primary or below Secondary Tertiary or above Other: _____

If you are parent / relatives of person with Down syndrome, please also complete the following:

Name of DS child / relatives: (Chin) _____ (Eng) _____

D.O.B: _____ (DD/MM/YYYY) Sex: _____ Nationality: _____

Language: Cantonese English Mandarin Others: _____ Relationship: _____

Name of school / workplace: _____

Level of intelligence disability	<input type="checkbox"/> Normal I.Q. <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown		
Main Form of Disability	<input type="checkbox"/> Down Syndrome <input type="checkbox"/> Autism <input type="checkbox"/> Physically handicapped	<input type="checkbox"/> Mentally handicapped <input type="checkbox"/> Slow Learning Development	
Other Disability (<i>more than one option</i>)	<input type="checkbox"/> None <input type="checkbox"/> Mental disorder <input type="checkbox"/> Deafness <input type="checkbox"/> Physically Handicapped	<input type="checkbox"/> epileptic <input type="checkbox"/> Ablepsia <input type="checkbox"/> Partially deaf <input type="checkbox"/> Other, please specify: _____	<input type="checkbox"/> Autism <input type="checkbox"/> Amblyopic <input type="checkbox"/> Cerebral palsy

* I will / will not consent the DS Parent Regional Network representative to contact me for friendly visit or service promotion.

* I consent / do not consent HKDSA to use the above information for liaison in future.

Important Notice:

- According to the Association's Personal Data Privacy Policy Statement, your personal data will only be used for the purposes of application, communication, and organization of the relevant activity. The Hong Kong Down Syndrome Association may provide your personal data to any other individuals, whether members of the Association or not, and/or any other persons who require the use of your personal data for operational purposes related to participation in the activity or any other lawful purposes.
- I acknowledge that the Association will conduct photography during the activity and agree that my personal activity photos may be used for the Association's purposes, including but not limited to internal records, promotion, and publication in Association materials.

Signature: _____ Date: _____

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For Office Use:

Date application received: _____ Membership no.: _____

Cheque no.: _____ Receipt no.: _____