

The Hong Kong Health Education and Health Promotion Foundation
(Incorporated with Limited Liability)



香港健康促進及教育協會

(本會為註冊之有限公司)

Membership Application Form

會員申請表

Name 姓名: Dr. 醫生/博士 Prof 教授 Mr 先生 Mrs 太太
 Ms 小姐

_____ (English 英文)

_____ (Chinese 中文)

Gender 性別: M 男 F 女 HKID 身份証號碼 _____

Hong Kong Residence for 2 years?

是否在港居住滿兩年? Yes 是 No 否

Name of Organization

工作機構名稱 _____

Position 職位 _____

Organization Address

機構地址 _____

_____ HK KLN NT

Correspondence Address

聯絡地址 _____

_____ HK KLN NT

Telephone 聯絡電話 _____ (Office 公司)

_____ (Mobile 手提)

Fax 傳真 _____

Email 電郵 _____

Professional Qualification (if any)

專業資格 (如有) _____

此欄由本會填寫

本會專用：_____

收據號碼：_____

I would like to apply for :

本人欲申請:

New Registration 新會藉 *

*An addition of Admission Fee HK\$200 is required for New Registration, only for the first year.

所有新加入會員須另繳付港幣二百元正,作首年入會費用。

Renewal 更新會藉

Membership 會藉	1 Year 一年	+ Half Year 半年 (有效期至 該年十二月三十一日)	#3 Years 三年
Institutional 機構	<input type="checkbox"/> HK\$300	<input type="checkbox"/> HK\$150	<input type="checkbox"/> HK\$600
Full 普通	<input type="checkbox"/> HK\$200	<input type="checkbox"/> HK\$100	<input type="checkbox"/> HK\$400
Affiliate 附屬	<input type="checkbox"/> HK\$100	<input type="checkbox"/> HK\$50	<input type="checkbox"/> HK\$200
Overseas 海外	<input type="checkbox"/> HK\$100	<input type="checkbox"/> HK\$50	<input type="checkbox"/> HK\$200

For annual payment, it will cover the period from January 1 to December 31.

年費是由該年一月一日始至十二月三十一日終。

+ For those joined in the second half of the year, i.e. on and after July 1 of the year, they will only need to pay half of the year annual subscription.

凡於年中或以後申請者，即是於七月一日或以後申請者，只須繳交半年之年費。

For three-year membership fee, it will count from January 1 to December 31 of the third year.

三年會員之年費將由申請該年之一月一日起計算至第三年十二月三十一日終。

Signature

Date

申請人簽署 _____

日期 _____

Regarding to the Privacy Rights, all personal information providing from our membership applicants will not be used in any business other than HEP Foundation Ltd. Applicants are able to check and correct their own personal information if needed. If you have any questions or comments regarding to this Privacy Policy, please feel free to contact us.

申請人提供的資料只會作申請香港健康促進及教育協會有限公司會員之有關事宜。根據 [個人資料私隱] 條例，閣下有權要求查閱及更正所提供的個人資料。倘對填報個人資料一事有任何疑問,包括要求查閱或更改資料等,請與本會職員聯絡。我們承諾在遵守 [個人資料私隱] 條例的規定方面,會完全符合。

Please RETURN this application form together with cheque payable to “The Hong Kong Health Education and Health Promotion Foundation Limited”, and mail to “4 / F, Lek Yuen Health Centre, 9 Lek Yuen Street, Shatin, NT” (Please mark “Membership Application” on the envelope)

填妥申請表後,請連同抬頭 [香港健康促進及教育協會有限公司] 劃線支票,寄往新界沙田瀝源街9號瀝源健康院4字樓,信封面請註明 [會員申請]。

Cheque No. 支票號碼 _____ Amount 總額 HK\$ _____

Bank 支付銀行 _____

For further enquiries, Please contact our staff.

如有任何查詢,請與本會職員聯絡。

Tel 電話 : 2693-9054

Fax 傳真: 2694-8455

Email 電郵: info@hep.org.hk