



香港進食失調康復會

Hong Kong Eating Disorders Association

入會表格

Membership Form

姓名 Name : (中文 Chinese) _____ (英文 English) _____

出生日期 Date of birth: _____ 性別 Sex : 男 Male 女 Female

職業 Job : _____

身份 Identity : 新舊患者 Patients/ Ex -patients
 家屬或照顧者 Family members/ Caregivers
 認同本會宗旨的熱心人士 Enthusiasts who recognize our missions

住址 Address : _____

電話 Tel : _____ 手提電話/傳機 Mobile/ Pager : _____

傳真 Fax : _____ 電郵 Email : _____

茲奉上 To Pay :

普通會員會費港幣拾元正 (有效期為每年十一月至翌年十月三十一日)

Ordinary membership fee HKD\$10 (Effective from 1st November to 31st October of the succeeding year)

永久會員會費港幣壹佰元正 Life membership fee HKD\$100

劃線支票號碼 Cheque No.: _____ 銀行名稱 Bank: _____

(會員若以支票付款，劃線支票抬頭請寫『香港進食失調康復會有限公司』，並連同此表格寄交本會。For cheque payment, please issue a crossed cheque made payable to “Hong Kong Eating Disorders Association Limited” and send to us with this form.)

注意 Attention:

* 請勿郵寄現金 Please do not send cash to us.

* 閣下提供之個人資料只用於會員活動之通訊事宜，並予以保密處理，閣下可隨時查閱及作出更改。

Your personal data is collected for the purpose of membership correspondence. The data will be kept in privacy.

You have right to access and make any amendment on it.

* 本會確認閣下之支票後，隨即把收據寄給閣下。You will receive our official receipt after your cheque is presented.

申請人簽名 Signature of applicant : _____ 日期 Date : _____