

Membership Application / Donation Form ☐ Membership application 入會申請

Donation

入會申請/捐款表格

With the donation and support from different walks of life in the society, HEDA is set up to provide specialized services to people with eating disorders and their caregivers. If you wish to be our donors and/or members, please fill in this form and enclose a crossed cheque made payable to "Hong Kong Eating Disorders Association Limited". Thank you.

全賴各界熱心人士的支持,香港進食失調康復會得以成立,專為進食失調症的病者及其家人提供服務。如閣下樂於成為本會會員或捐助 本會,請填妥下列表格,連同劃線支票寄到本會,請於抬頭寫「香港進食失調康復會有限公司」。

ersonal Detail (固人資料	<u> </u>			* Required area	*必須填寫項目
* Name姓名:	中文:			English:		
* Sex 性別:	Male 男	/ Female 女	Age 年 齡:		Occupation 職 業:	
* Contact No.: 聯絡電話:						
* E-mail 電 郵:						
☆ Address 通訊地址	Flat (室): Block/Bldg (座/大廈):					
	Estate/Court (屋苑): Street (街):					
	District(區):					
	Area (地區):					
		香	港 九	龍	新 界	海 外
* Status 身份:	Patients	s/Ex-patients 新舊	i患者 □ Relat	ives or Care	ers 家屬或照顧者 🗌	Enthusiasts 熱心人士
Membership ap	12 4*	_ 1 				
☐ Please send i ☐ Please do not ☐ Family meml ※ Name 家人	t to my em t to me by t send it to ber is Heda 姓名是:	a's member	the correct e-mail	d only send	請透過電子郵件發達 請郵寄給我 不用寄會員通訊給認 家人已經是會員 one copy to the family. 在上一份會訊;敬請填寫	
將與以便本會處				· 华目的可	工. 历音叫, 吸明决态	可凹江豕庭灰泉真时,
Donation 捐款						
Donation amou Cheque No. 畫				_	nk 銀行名稱 :	
gnature of						
olicant:				Date:		
請人簽名:				日期:		
ention:					注音:	

- Please do not send cash to us.
- You will receive our official receipt once your cheque is confirmed.
- Regarding Personal Data (Privacy) Ordinance, your personal data in this form is collected for the purpose of membership correspondence and donation. It will be kept in confidential.

- 請勿郵寄現金。本會確認支票後便隨即把收據寄給閣下。
- ●根據個人資料私隱條例,閣下提供之個人資料 只用於會員通訊及捐款事宜,並予以保密處理。