

The Hong Kong Association of Psychosocial Rehabilitation

Membership Form

Name / Title : _____ Chinese : (_____)
e.g. Prof./Dr./Mr./Ms.

Correspondence Address: _____

Working Place : _____

Contact Phone No. : _____ (Office)
_____ (Home)
_____ (Page/ Mobile Phone)
_____ (Fax)
_____ (E-mail)

Profession / Post : _____

Interested Topic (s) : _____

Research Interest

Personal Data (Privacy Ordinance) Use of Personal Data

“Data contained in this section shall not, without the prescribed consent of the data subject, be used for any purpose other than for the reference of the association.”

Date : _____ Signature : _____

For official use

Date of approval : _____ Nature of membership : Ordinary / Honorary / Foundation

Approving Officer : _____ Entrance Fee & First year Membership Fee received : Yes / No

Membership No. : _____