

Heep Hong Parents' Association
Membership Application Form

☐ **New Member**

☐ **Personal Details Update (only applicable to 3-year and life member) (Centre:_____)**

Information of Applicant

Name: _____ (Chinese) _____ (English) Sex: ☐ M ☐ F

E-Mail: _____

Correspondence Address: _____ (Flat/ Room) _____ (Floor) _____ (Block)

_____ (Building) _____ (Street/ Estate) _____ (District)

Daytime Contact No.: _____ Mobile (WhatsApp available): _____

Information of Applicant's Spouse (If Applicable)

Name: _____ (Chinese) _____ (English)

Mobile no.: _____

Information of Child

Name: _____ (Chinese) _____ (English)

Sex : ☐ M ☐ F Relationship with applicant: _____

Date of Birth: _____ Place of Birth: _____

Category of Disability: (Please ☒ the most appropriate option)

- | | | |
|--|--|--|
| 1. <input type="checkbox"/> Borderline/ Limited Intelligence | 2. <input type="checkbox"/> Physical Handicap | 3. <input type="checkbox"/> Autistic Spectrum Disorder |
| 4. <input type="checkbox"/> Hearing Impairment | 5. <input type="checkbox"/> Visual Impairment | 6. <input type="checkbox"/> Speech Delay |
| 7. <input type="checkbox"/> Global Developmental Delay | 8. <input type="checkbox"/> Attention Deficit/ Hyperactivity | |
| 9. <input type="checkbox"/> Special Learning Difficulties | 10. <input type="checkbox"/> Other (Please specify) | |

Schooling ☐ Not in School ☐ In School (Name of School and year): _____ ☐ Other: _____

Attending/ Graduated from Heep Hong's Centre:

☐ Yes: **Centre:** _____ **From** _____ **to** _____ (year) ☐ No

I would like to join the Concern Group and agree to receive Group's information via WhatsApp (You can choose more than one):

- ☐ **Inclusive Education** ☐ **Special Education** ☐ **Autism** ☐ **Physical Handicapped**
☐ **Youth Services (with children aged 15 years old or above)**

(Please visit the webpage of Heep Hong Parents' Association in Heep Hong Society's website (www.heephong.org) for further information of the Concern Groups)

☐ I agree/ ☐ disagree to the Society keeping my above e-mail address for receiving promotional e-mail.

* I acknowledge that HHPA will send its Newsletter and programme leaflets to me by electronic mode (WhatsApp or email) through the Centre I joined. If I am unwilling to receive these information, I can inform the Centre.

** I agree to the Society keeping my personal data for membership registration and statistical reasons.

Signature of Applicant: _____ Date: _____
(Please submit this form to respective centre together with membership fee paid in cash/ crossed cheque made payable to 'Heep Hong Society')

For Office use only

Membership:

****Free Membership in 2025/26**

One-year Membership (HK\$50):

☐ Ordinary Member / ☐ Affiliated Member

or Three-year Membership (HK\$100):

☐ Ordinary Member / ☐ Affiliated Member

or Life Member (HK\$500):

☐ Life Member

Fee : _____ Payment Date : _____

Membership Card No. : _____ Centre : _____

Staff Name : _____ Date : _____

Please send back this Form to the relevant concern group(s) according to the parent's choice(s) by Fax or E-mail as listed below:

♥ **Inclusive Education (HFPRC – FAX: 2784-1194)**

♥ **Special Education (JCPRC – FAX: 2827-2732)**

♥ **Autism (FLPRC – FAX: 2682-6613)**

♥ **Physical Handicapped (TCPRC – FAX: 2109-3522)**

♥ **Youth Services (JCSRC – FAX: 3956-4656)**