

香港復康聯會
The Hong Kong Joint Council for People with Disabilities

會員申請表
Membership Application Form

(普通會員)
(Associate Member)

1. Name of Organization 機構名稱: _____
(in English 英文)

(in Chinese 中文)
2. Address 地址: _____
_____ Tel. 電話: _____
3. Objectives of Organization* : _____
機構之宗旨

4. Brief history of Organization* 機構之簡史 :

5. Brief description of services provided concerning disabilities / rehabilitation*
簡述所提供有關殘疾/復康之服務 :

6. Reasons for applying for membership 申請為會員之理由：

7. Official representative to be appointed to the Hong Kong Joint Council for People with Disabilities if this application is accepted
假若被接納為香港復康聯會會員機構，將委任之代表：

Name 姓名 : _____

Post 職位 : _____

Tel. 電話 : _____

Fax 傳真 : _____

E-mail 電郵 : _____

Signed 簽署 : _____

Name 姓名 : _____

Post 職位 : _____

Date 日期 : _____

* If printed materials are available, please enclose with application.
如有印刷資料，請附寄。