

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

會員申請表
Membership Application Form

(Full Member 基本會員)

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 Agency (with particular emphasis on rehabilitation services)*
機構之簡史 (復康服務之發展 · 需詳述) :

5. Brief Description of Rehabilitation Services Provided* 簡述所提供之復康服務 :

6. Staffing for Rehabilitation Services (name of posts and number)

擔當復康服務之職員(職位名稱及數目):

7. Funding for Rehabilitation Services 支付復康服務之經費:

Sources 來源: _____

8. Number of centres/units under Agency, if any** : _____

轄下之中心/單位數目

9. Official representative to be appointed to the Hong Kong Joint Council for People with Disabilities (Rehabilitation Division, Hong Kong Council of Social Service) if Agency is accepted into the Division

假若被接納為香港復康聯會 (香港社會服務聯會復康部)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。

** Please provide a list of the names and addresses of centres/units which provide rehabilitation services.

請附寄提供復康服務之中心/單位名單一份。