Ref：TPRC/SERVICE /F001

**The Neighbourhood Advice-Action Council**

**Togetherness Parents Resource Centre**

**Membership Application/ Renewal Form**

\*Please delete if inappropriate

口　First time joining 口　Renewal, Membership no.：　　　　　　 and update the following information

***(If there is no updated information, you can directly sign and pay the membership fee to complete the renewal process)***

Name (Chi)：　　　　　　　　　　　　　　（Mr／Miss／Ms）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (Eng)： |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \* HKID／ Birth Cert／Passport： ( ) | DOB： |  |  | D |  |  | M |  |  | Y |

Home Address：

Members’ living status: 口Independent Living/ Living with family 口Boarding School 口Government Subvented Hostel 口Private Hostel 口Others, Please specify：\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Telephone： |  |  |  |  |  |  |  |  | Home |  |  |  |  |  |  |  |  | Mobile |

Membership Type： 口　Individual Member [Fee: $21]　　　 口　Community Member [Free of Charge]

Current service receiving from NAAC Rehabilitation Division (Unit name)

Type of Comprehensive Protection：( )\*Normal Disability / Higher Disability Scheme ( ) CSSA ( )Other : \_\_\_\_\_\_\_\_\_\_

Disability：

口Intellectual Disability (口Mild／ 口Moderate／ 口Severe ／ 口Profound)

口Physical Disability (口Wheelchair ／ 口Walk unaided)

口Visual Impairment (口Blind／ 口Partially impaired) 口 Autism Spectrum Disorder

口 Speech Impairment 口Deaf／Hearing Impairment 口Mentally Illness, please specify：\_\_\_\_\_\_\_\_

口 Down Syndrome 口Other, please specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Community Non-disabled Person (without any disability)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Family members： |  | Name | Relationship | Contact number |
|  |  |  |  |  |
|  |  |  |  |  |

Emergency contact person：　　　　　　　　　　　　　　Relationship：　　　　　　　Contact：

Any special attention items：

|  |
| --- |
| **Personal Information (Privacy) Collection Statement**   1. The information in the form is only for processing applications and mailing service. 2. The person who filled out the form has the right to check / modify personal data [Data Protection-F002]. 3. If you have any enquiry about filling in personal information, you can contact the staff at any time. 4. I \* agree / disagree the use of event photos for service promotion. 5. I \* agree / disagree to receive the centre information through WhatsApp, mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

　　　　　　Date：　　　　　　　　　　　　　　　　　　Signature：

|  |
| --- |
| **Office use**  　　　　Receipt Date：　　　　　　Receipt no.：　　　　　　Handling Staff：　　　　　　Membership no.： |