

Individual Membership Application Form

Important notes:

- Before submitting application, applicants should read, understand and comply to the Articles of Association of Rare Disease Hong Kong Limited (RDHK).
 - Applicants must complete and return this form together with the proof of payment of a one-time entrance fee of HK\$20 (crossed cheque or bank-in slip) to RDHK by post or in person. Please make the cheque payable to 'Rare Disease Hong Kong Limited' and write the name of applicant on the back of the cheque.
 - All membership applications shall be approved by the Council of RDHK. Successful applicants will be notified by email.
 - Membership fee will not be refunded in case of voluntary withdrawal or compulsory withdrawal of membership due to misconduct causing damage to RDHK's reputation.
 - The personal data of members will only be used for registration and statistical purposes and kept strictly confidential.

Office Use Only

批核日期:

會員編號: _____

付款方式: _____

收據編號:

Please put a tick (✓) in the appropriate boxes.

Name of applicant: (Chinese) _____ (English) _____ Gender: ☐M ☐F

Date of birth: (dd) / (dm) / (yy) HKID card no.: (Prefix and first 4 digits)

Education: ☐Primary ☐Secondary ☐Post-secondary ☐Bachelor ☐Master ☐Doctor ☐Others:

Occupation: ☐Student ☐Housewife ☐Unemployed ☐Retired ☐Full-time/☐Part-time (Occupation: _____)

Address: _____ Tel: _____

Do you use email? ☐ Yes (Email address: _____) ☐ No ☐ Prefer not to say

Name of emergency contact person: Tel: Relationship:

[illegible]

Types of membership applied for: ☐ Full member# (rare disease patients / families)

☐ **Ordinary member** (those who care about & support rare disease patients)

Applicants who wish to be a full member MUST provide the following information:

The applicant is a: ☐patient / ☐family member with (rare disease):

Main symptoms:

Year of diagnosis: _____ Hospital for follow-up visits: _____

I live: ☐alone ☐with domestic helper ☐with domestic helper & family ☐with family ☐in a care home
☐Others: (please specify) ☐Prefer not to say

Are you a Comprehensive Social Security Assistance recipient? ☐Yes ☐No ☐Prefer not to say

Are you a Disability Allowance (DA) recipient? ☐ Yes (Normal DA) ☐ Yes (Higher DA) ☐ No ☐ Prefer not to say

Are you a member of any other patient group(s)? ☐No ☐Yes (Pls specify: _____) ☐Prefer not to say

Any other family members with a rare disease? ☐No ☐Yes (Pls specify: _____) ☐Prefer not to say

Applicant's mobility: ☐Independent ☐Assistance needed ☐Self-ambulatory with walking aid ☐Manual wheelchair
☐Electric wheelchair ☐Bedridden

Do you need to use Rehabus service when getting outside? ☐Yes ☐No

[illegible]

• I would like to receive RDHK's publications and publicity materials ☐by post / ☐by email.

• Reason(s) for joining RDHK as a member: (check all that apply)

☐ To participate in policy advocacy and reflect opinions ☐ To learn more about rare diseases ☐ To achieve self-empowerment and become a leader of rare disease groups ☐ To join RDHK's activities (e.g. rehabilitation training, leisure activities, etc.) ☐ To meet other people with similar experiences ☐ To love and care about the rare disease community and understand their needs ☐ Others (Pls specify):

• **Way(s) to learn about RDHK: (check all that apply)**

☐ RDHK's website ☐ RDHK's Facebook ☐ Text media (e.g. newspapers, magazines, etc.) ☐ Audio-visual media (e.g. radio, TV, online shows, etc.)
☐ Referral from friends or relatives ☐ From activities run by RDHK or other organisations ☐ Referral from medical staff ☐ Referral from other organisations ☐ Others
 (Pls specify):

Applicant's signature: _____

Date: _____