香港罕見疾病聯盟
RARE DISEASE HONG KONG
Address: G/F, Wang Lai House, Wang Tau Hom Estate, Wang Tau Hom, Kowloon
Email: info@rdhk.org Website: http://www.rdhk.org Phone: (852) 5528 9600

Individual Membership Application Form

Important notes:

1. Before submitting application, applicants should read, understand and comply to the Articles of Association of Rare Disease Hong Kong Limited (RDHK).
2. 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.
   2.1. For payment by cheque, please make the cheque payable to 'Rare Disease Hong Kong Limited' and write the name of applicant on the back of the cheque.
   2.2. For payment by bank transfer, please deposit cash to the account of OCBC : 035-802-595017-831 and put the name of applicant on the bank-in slip.
3. All membership applications shall be approved by the Council of RDHK. Successful applicants will be notified by email.
4. 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.
5. 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:_____

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

- **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: _____