



H.K. S.K.H. Lady MacLehose Centre

Membership Registration

SA 3

(Effective Date : 1.9.2000
(Amended date : 16.11.2022)

☐ New Registration (Please fill in all the information)

☐ Renew Registration ☐ Change of Information (For Renew registration & change of information, please fill the name, ID no., date of birth, tel no. amended information and signature only if address is not changed.)

Please Use Block Letters

Membership Number :

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New Arrivals to HK(Less than 3 Years) : ☐ No ☐ Yes

Apply for CSSA Family Membership Fee Reduction :

☐ No ☐ Yes(Please show relevant documentary proofs)

Basic Membership : ☐ Individual ☐ Family ☐ Company

Supplementary Membership : ☐ Study Room ☐ Mutual Help Society

☐ Healthy Progress Society

Unit : _____

Individual Membership / Family Membership Information

(Please show the ID card. For aged under 11 years old, please show birth certificate/ passport/ student handbook)

Identity Document No.	First 4 letters and numbers (e.g. K123)	Sex	Male		Female		(Please indicate with '✓')
Name		Date of Birth	Day	Month	Year		
Home Telephone		Other Telephone					
Correspondent Address							
E-Mail							

Occupation ☐ full-time ☐ part-time ☐ unemployment ☐ retirement ☐ housewife ☐ student ☐ self-employment ☐ others

Education ☐ primary education or below ☐ F.1-F.3 ☐ F.4-F.5 ☐ F.6-F.7 ☐ tertiary education or above ☐ others

Marital Status ☐ single ☐ married ☐ widower/widow ☐ divorce ☐ separation

Family Membership Members' Information (This part is not applicable to applicant of individual membership)

	Name	Relationship	Identity Document Number First 4 letters and numbers (e.g. K123)	Date of Birth	Sex
1				Day Month Year	
2				Day Month Year	
3				Day Month Year	
4				Day Month Year	
5				Day Month Year	
6				Day Month Year	

Membership Fee : \$29

Family Membership Fee : Two Members \$58 ; Three or Four Members \$87 ; From the fifth Member on \$29 for every additional member ; CSSA

Family \$29 (must be assessed by social worker)

Declaration: I hereby verify that the information above is true, I understand that membership fee cannot be withdrawn, and I have read, understand, and accept the Agreement on the Use of Personal Information below.

Signature of Applicant : _____

Date : _____

If the applicant is below the age of 18, please fill in the following information :

Name of Guardian:	Relationship:	Contact Telephone:
Signature of Guardian:	Date:	Fax Number:

Agreement on the Use of Personal Information :

- I understand and agree completely with HK SKH Lady MacLehose Centre in that the aim of gathering my personal information is base on my application for the Centre's services. I agree that this information can circulate to those staff(s) on need-to-know basis, so as to assist in my application for the Centre's services.
- I understand that providing personal information to the Centre is voluntary. If I cannot provide adequate personal information, the Centre might not be able to handle the services application and delivery. I would be responsible for such delay in service delivery due to inadequate information.
- I also understand that I should ensure the accuracy of the information I provided. If there is any change of this information I would be responsible to notify the Centre as soon as possible. Otherwise I would be responsible for any delay in service delivery caused by this undeclared change in information.
- I also understand that if the service application involve the personal information of my family members, children, relatives, and friends, I should be responsible to obtain their approval.
- I know that the personal information I provide would be destroyed 3 years after the service(s) ended.
- Accept for those areas fall within the exemption stipulated in the Personal Information (Privacy) Act, I know I have the right to check and amend my personal information stored in the Centre through application. I understand that I can contact the Director of HK SKH Lady MacLehose Centre to make such enquiry and application: Address: No.22 Wo Yi Hop Road, Kwai Chung, NT, Contact Telephone Number:24235265

Agency only accepts cheque payable attention to:
*1." HKSKH Lady MacLehose Centre "or
*2." H.K.S.K.H. Lady MacLehose Centre"
*1 or 2 is accepted by the bank. The full name is as follows :

"H.K.S.K.H. Lady MacLehose Centre, wholly owned by Hong Kong Sheng Kung Hui Welfare Council Limited"

For Agency Official Use Only

Authorized Person / Date : _____

Membership Due Day : _____

Remarks : _____