香港社會工作人員協會
Hong Kong Social Workers Association

Application Form * Full / Associate / Life Membership

(*Pls fill the form in block letters, "✓" as appropriate in [ ] and to delete as appropriate in **)

I, the undersigned, have read the Memorandum and Articles of the Hong Kong Social Workers Association and hereby agree to comply with the stipulations thereof should ***Full / Associate / Life** membership be granted.

Name： (* Mr./Ms./Miss/Dr./Prof.) _____ (_____) **Sex：** * M / F

(Name as printed on HKID card /Passport) *(English) Surname* *Other name* *(Chinese)*

HKID number: ( ) _____ XXX (Alphabet letter and the first 3 digits)

Mailing Address： *(must fill)*

_____

Contact No.： (mobile) _____ （office） _____

Email： _____ **Fax：** _____

Employing Agency： _____ **Position：** _____

Job Nature： *("✓" as many as appropriate)*
[ ] 1. Frontline Service [ ] 2. Training [ ] 3. Administration Management [ ] 4. Research & Education
[ ] 5. Others (pls specify) _____

Type of Service *("✓" as many as appropriate)*：

[ ] 1. Service for Offenders [ ] 2. Family Service [ ] 3. Child Care Service [ ] 4. Service for the Elderly
[ ] 5. Community Development [ ] 6. Service for Young People [ ] 7. Rehabilitation Service [ ] 8. Medical Service
[ ] 9. Social Work Training [ ] 10. Others (pls specify) : _____

Education:

Cert./Diploma/Degree	Major	Year	Name of Awarding Institute

Social Worker Registration Number： _____

I enclosed herewith a * cheque / bank-in slip (payable to "Hong Kong Social Workers Association" / direct transfer to HSBC A/C No.: **658-110499-838**) as my entrance and first year subscription fee.

* Full membership ($220) / Fresh graduate student members will entitle a 50% membership fee waive ($110) / Associate membership ($180) / Life membership ($4,000).

I would like to participate in the following sub-committees of the Association: * a) Career & Membership, b) Consultation Service on Code of Practice, c) Current Welfare Issues, d) Editorial (Newsletters), e) Editorial (Journal), f) Career Development & Education, g) Fund Raising Editorial (News Bulletin), h) International and Regional Liaison, i) Outstanding Social Worker Award.

Declaration

I hereby declare that the personal information provided in the membership application form are facts and give permissions to the Association for assessing related bodies for verification. Upon the approval of my membership application, the Association is granted the right to possess, retain and use the information. I can ask the Association to check and update my information provided anytime.

According to the Personal Data (Privacy) Ordinance, I □ **agree /** □ **not agree** HKSWA to use my personal data and information (including full name, contact number, fax number, email address, mailing address, name of employing agency/organization/institution) for the following purposes: membership communication, promotion of activities/trainings, proceeding of application and receipt, research/analysis/statistics, collection of advice, fundraising activities and any other purposes relating to the work of HKSWA.

Signature : _____ Date : _____

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