



## Individual Membership Application Form

Ref. 20220810

**Important notes:**

- Before submitting applications, 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 membership fee of HK\$20 (crossed cheque or bank-in slip) to RDHK by post or in person.
  - 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.
  - For payment by bank transfer, please deposit cash to the account of BOCHK: 012-740-2-010764-4 and put the name of applicant on the bank-in slip.
- 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, statistical purposes & provision of appropriate service, and will be 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: \_\_\_\_\_