



國際傷健潛水協會(香港)有限公司
International Association of Hand-In-Hand Divers (Hong Kong) Limited
會籍申請表 Membership Application Form

- 普通會員 Ordinary Member 附屬會員 Associate Member (年齡未滿十八歲者 Age below 18)
 新註冊 New registration (入會費 Admission Fee HK\$50, 年費 Annual Subscription HK\$100; 共 Total: HK\$150)
 延續/更新 Renewal (年費 Annual Subscription HK\$100)
年費有效期至每年 12 月 31 日 Annual Subscription fee is due at 31 December each year
附屬會員繳付的入會費及年費是普通會員的一半 Subscriptions for Associate Member is one-half of Ordinary Member

申請人資料 Applicant Information : (請以正楷填寫全部項目 Please complete ALL items in BLOCK LETTER)

先生 Mr/太太 Mrs/小姐 Miss/女士 Ms Name : _____ (_____)
(刪除不適用者 delete as in appropriate) 姓名 Surname First name (中文姓名)

出生日期 Date of birth: _____ 年 Year/ _____ 月 Month/ _____ 日 Day

身份證號碼 HK Identity Card No.: X X (字母及前 3 個數字 character & first three digits)

手提/聯絡電話 Mobile/Tel. No.: _____ 電郵 email: _____

地址 Address: _____

殘疾類別(如屬下列類別請在方格加上✓號) Type(s) of Disability (✓ the box(es) if appropriate)

- 聽覺受損 Hearing Impairment 器官殘障/長期病患 Visceral Disability/Chronic Illness
 視覺受損 Visual Impairment 肢體殘障 Physical Disabled 自閉症 Autism
 言語障礙 Speech Impairment 智障 Intellectual Disabled 精神病 Mental Illness
 特殊學習困難 Specific Learning Difficulties 注意力不足/過度活躍症 Attention Deficit/Hyperactivity Disorder

最高潛水資歷(如有) Highest diving qualification (if any)

- 開放水域潛水員 Open Water Diver 進階開放水域潛水員 Advanced Open Water Diver
 救援潛水員 Rescue Diver 潛水長 Dive Master 教練 Instructor

本人證明在本表格內所提供之資料皆正確無訛，並願意遵守所有國際傷健潛水協會(香港)條款。如申請人年齡未滿十八歲者，須由家長或監護人簽署聲明。I confirm the information I have provided is true and correct. I agree to abide by the Rules of IAHD (Hong Kong). If the Applicant is below 18, the parent/guardian shall countersign the form.

申請人姓名: _____ 申請人簽署: _____ 日期: _____
Name of Applicant Applicant Signature Date

家長/監護人姓名: _____ 家長/監護人簽署: _____ 日期: _____
Name of Parent/Guardian Parent/Guardian Signature Date

推薦會員姓名: _____ 推薦會員簽署: _____ 日期: _____
Name of Proposing Member Proposing Member Signature Date

你提供的個人資料會用作本會與閣下聯絡之用，包括會務通訊、籌款募捐、意見收集、問卷調查、活動；服務或課程推廣、招募義工及發放宣傳品。如閣下更正或索取你申報的個人資料或不同意本會使用你的個人資料作上述用途，請與本會秘書聯絡(致電 81094288 或電郵至 info@iahd.org.hk 或郵寄至香港莊士敦道郵政局信箱 20692 號)。你提供的個人資料，除獲法律授權的人員外，不會提供予其他人士。

The personal data you provided will be used only for the purpose of communication with you, which include newsletter, fundraising, feedback collection, conducting survey, activities, service or program promotion, volunteer recruitment and dispatching publicity materials. If you would like to access or correct your personal data or you refuse to have your personal data being used for the above purpose, please contact our Secretary. (By phone 81094288 or by email info@iahd.org.hk or by mail to PO Box 20692 Johnston Road Post Office Hong Kong). The personal data provided will not be disclosed to any third parties unless required by law.

請將會籍申請表連同劃線支票(抬頭:「國際傷健潛水協會(香港)有限公司」)寄回“香港莊士敦道郵政局信箱 20692 號”
Please send the form with a crossed cheque (payable to International Association of Hand-In-Hand Divers (Hong Kong) Limited) to P.O. Box No. 20692 Johnston Road Post Office Hong Kong.

本會專用 For official use

Date Received		Handling Officer	
Cash/CQ No.		Amount	Membership No.