

# Health Troop Membership Scheme

- **Individual Member**

## **Individual Member**

**Membership valid for 2 year and admission free**

### *Criteria*

- 14 years old or above.( \* )
- willing to introduce and promote the Centre and its activities.
- Participating volunteer services in the Centre.

(\* ) countersigned by guardians / parents for those applicants below 18 years old.

### *Benefits*

1. Free loan of books in Resource Centre on volunteering (every 4-hour volunteer work for 1 book for 1 week).
2. Free mailing of Health Troop Newsletter.
3. Free publication of hygiene-related and non-commercial articles in the Health Troop Newsletter.
4. Free advertisement of hygiene-related and non-commercial activities in the Health Troop Newsletter.
5. Priority to participate activities organized for the public.

\* All benefits are subject to change without prior notice.

### *Application Form*

For those interested in the Membership Scheme, please complete the **Application Form** and deliver to our Centre by mail or by hand.

### *Enquiry*

For further information, please feel free to contact our staff at 2377 1989 during office hours.

- The Centre will update members' contact information periodically.

**健康部隊(個人會員)參加表格**  
**HEALTH TROOP (Individual Member) ENROLMENT FORM**

(請用正楷填寫 Please print)

個人會員資料 Individual Member Particulars

姓氏 (英文): \_\_\_\_\_ 名字 (英文): \_\_\_\_\_  
Surname (English) \_\_\_\_\_ Given Name (English) \_\_\_\_\_

姓名 (中文): \_\_\_\_\_ 身分證/護照號碼: \_\_\_\_\_  
Name (Chinese) \_\_\_\_\_ I.D. Card/Passport Number \_\_\_\_\_

性別: \_\_\_\_\_ 年齡: \_\_\_\_\_ 出生日期: \_\_\_\_\_  
Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

職業: \_\_\_\_\_ 學歷: \_\_\_\_\_  
Profession \_\_\_\_\_ Education \_\_\_\_\_

住址: \_\_\_\_\_  
Residential Address \_\_\_\_\_

通訊地址: \_\_\_\_\_  
Correspondence Address \_\_\_\_\_

電話號碼 (辦事處): \_\_\_\_\_ (住宅): \_\_\_\_\_  
Telephone No. (Office) \_\_\_\_\_ (Home) \_\_\_\_\_

傳真號碼: \_\_\_\_\_ 手提電話號碼: \_\_\_\_\_ 傳呼機號碼: \_\_\_\_\_  
Fax No. \_\_\_\_\_ Mobile Tel. No. \_\_\_\_\_ Pager No. \_\_\_\_\_

簽署: \_\_\_\_\_ 日期: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

家長/監護人簽署: \_\_\_\_\_ 姓名: \_\_\_\_\_ 日期: \_\_\_\_\_  
\*Parent's/Guardian's Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

填妥本表格或其影印本後，請連同近照一張(會員証用)及住址證明文件一份(如政府函件)，交回或寄回九龍尖沙咀九龍公園 S4 座衛生教育展覽及資料中心。

Please send the completed enrolment form (this form or its photocopy), a recent photo (for membership card) and a document (eg. government letter) certifying the residential address to the Health Education Exhibition and Resource Centre at Block S4, Kowloon Park, Tsimshatsui, Kowloon.

\* If applicants are below 18 years old, the form must be countersigned by parent or guardian.

申請者提供的資料會作為申請衛生教育展覽及資料中心健康部隊會籍之用，根據《個人資料(私隱)條例》，你有權要求查閱及更正所提供的個人資料。倘對填報個人資料一事有任何疑問，包括要求查閱更改資料等，請與本中心高級衛生督察聯絡。我們承諾在遵守《個人資料(私隱)條例》的規定方面，會完全符合，並且在可能情況下超越國際認可的個人資料保障水平。為履行此承諾，我們會確保屬下職員依從保安及保密方面最嚴格的規定。

The personal data provided by means of the form will be used for application for membership of the Health Education Exhibition and Resource Centre Health Troop. You have the right to request access to and to correct personal data in accordance with Personal Data (Privacy) Ordinance. Enquiries concerning the personal data, including the request for access and correction, should be addressed to the Senior Health Inspector (Health Education). We pledge to meet fully, and where possible exceed, internationally recognized standards of personal data privacy protection, in complying with the requirements for the Personal Data (Privacy) Ordinance. In doing so, we will ensure compliance by our staff with the strictest standards of security and confidentiality.

# Health Troop Membership Scheme

## ● Corporate Member

### Corporate Member

Membership valid for 2 years and admission free

#### *Criteria*

- registered social services organizations, schools and other non-commercial educational or hygiene promotion organizations.
- willing to introduce and promote the Centre and its activities.
- organize different kinds of health education activities by themselves or with the involvement of the Centre.

#### *Benefits*

1. Free loan of books, learning packs, video tapes, audio-tapes, slides and exhibition panels.
  2. Free loan of Lecture Room for holding hygiene-related and non-commercial courses, seminars etc.
  3. Free loan of Short-term Exhibition Hall for holding hygiene-related and non-commercial exhibitions.
  4. Application for keeping the hygiene information publications published by the corporate members in the Resource Centre for the public's reference.
  5. Free mailing of Health Troop Newsletter.
  6. Free publication of hygiene-related and non-commercial articles in the Health Troop Newsletter.
  7. Free advertisement of hygiene-related and non-commercial activities in the Health Troop Newsletter.
  8. Priority to participate activities organized for the public.
- \* All benefits are subject to change without prior notice.

#### *Application Form*

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#### *Enquiry*

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- The Centre will update members' contact information periodically.

**健康部隊(團體會員)參加表格**  
**HEALTH TROOP (Corporate Member) ENROLMENT FORM**

(請用正楷填寫 Please print)

**團體會員資料 Corporate Member Particulars**

團體名稱:

Corporate Name \_\_\_\_\_

服務性質:

Nature of Services \_\_\_\_\_

地址:

Address \_\_\_\_\_

電話號碼:

Telephone No. \_\_\_\_\_

傳真號碼:

Fax No. \_\_\_\_\_

聯絡人 Contact Person (會員証持有人 Membership Card Holder)				
姓名(中英文) Name (Chinese & English)	性別 Sex	身分證/護照號碼 HK I.D./Passport No.	職位 Position	電話號碼 Telephone
1.				
2.				
3.				

負責人簽署:

P.i.c. Signature \_\_\_\_\_

姓名:

Name \_\_\_\_\_

日期:

Date \_\_\_\_\_

填妥本表格或其影印本後，請連同團體註冊證明文件副本一份，團體簡介一份及三位聯絡人近照各一張(會員証用)，交回或寄回九龍尖沙咀九龍公園 S4 座衛生教育展覽及資料中心。

Please send the completed enrolment form (this form or its photocopy), a photocopy of the document certifying the registration of the corporation, an introductory pamphlet of the corporation and a recent photo of each contact person (for membership card) to the Health Education Exhibition and Resource Centre at Block S4, Kowloon Park, Tsimshatsui, Kowloon.

申請者提供的資料會作為申請衛生教育展覽及資料中心健康部隊會籍之用，根據《個人資料(私隱)條例》，你有權要求查閱及更正所提供的個人資料。倘對填報個人資料一事有任何疑問，包括要求查閱更改資料等，請與本中心高級衛生督察聯絡。我們承諾在遵守《個人資料(私隱)條例》的規定方面，會完全符合，並且在可能情況下超越國際認可的個人資料保障水平。為履行此承諾，我們會確保屬下職員依從保安及保密方面最嚴格的規定。

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