

會員申請表 / MEMBERSHIP APPLICATION

申請人姓名 / Name of Applicant: _____

住址 / Home (Mailing) Address: _____

電話 / Phone No.: _____

電郵地址 / E-mail Address: _____

方言/Dialect: _____

智障成員姓名/Name of Family Member with
Developmental Disabilities: _____

出生日期/Date of Birth: _____

性別/Gender: _____

斷症/Diagnosis: _____

與申請人關係/Relationship to Applicant: _____

本人願意捐款/Donation: \$ _____

會費/Membership fee: \$ 30.00

總計/Total: \$ _____

日期/Date: _____

註/Note: 本會將要求會員填報更詳盡資料, 以便有效地分配資源。(請到本會網址下載會員資料表) Members will be asked to supply more information for planning purposes. (See complete form on our web site)

請將申請表連同支票郵寄至下列地址/Please send this form with cheque to the mailing address as below:

Heep Chi Association

9665 Bayview Ave., Village Gate, P.O. Box 32694
Richmond Hill, ON L4C 0A2

協智理念 HEEP CHI VALUE

社區理念 Community Value

促進“以個人為本”的計劃 Promote Person Centred Planning
倡導共融社區 Promote Inclusion
尊重多元文化 Respect Diversity
尋求社區合作夥伴 Seek Partnership in Community

家庭理念 Family Value

提倡愛在家庭 Promote Family Love
了解孩子需要 Understand our Children
協助孩子成長 Assist our Children
尊重孩子選擇 Respect Individual Choice
實踐“以個人為本”的計劃 Practice Person Centred Planning

協會理念 Association Value

人人參與, 多作貢獻 Promote Member Contribution
情誼相連, 心手相牽 Join Hand in Hand
彼此扶持, 關愛互勉 Support Parent to Parent
悉心聆聽, 誠意分享 Share Experience

會員制度 MEMBERSHIP

協會會員需於每年年初繳交會費30元(加幣)。會員有權以一人一票方式在周年大會中投票選舉董事並可被提名成為董事會成員。會員將收到協會以電郵或會刊方式傳遞的社區服務資訊, 及協會的各項活動訊息。

Annual membership fee is \$30 (Canadian funds) and renewal is due at the beginning of each year. Members in good standing are entitled to vote and can be nominated as one of the Board Directors at the Annual General Meeting and receive related information such as Government and community resources and social programs organized by the Association via e-mail and newsletter.

(Version: April 2009)

協智會 HEEP CHI ASSOCIATION



協智會 Heep Chi Family Dream



同一社區 同一夢想
齊建家園 共創明天

One Community One Dream
Building Future Home Together

支援有智障人士及其家庭
Support People with Developmental Disabilities