



# 會員資料表見

## Membership Form

### **Mission**

**Heep Chi Association** membership is open to Chinese Families with Developmentally Challenged Members in Canada and individuals with interest in parent supporting services. The Association is dedicated in coordination of special need services, coordination of parent network, and support in future plans for members.

### **Activities**

The Association hosts seminars, recreational activities and monthly/bimonthly meetings targeted for Chinese Families with Developmentally Challenged Members. It is also in the plans to issue a *Heep Chi Association Newsletters*, to which all members are invited to contribute.

### **Membership Dues**

Membership dues are \$30 per year in Canadian funds payable at the beginning of the year. Lapsed members are removed from the mailing list after one year, following a reminder notice. Membership dues include voting at the Annual General Meeting for Executive members and mailing from the Association.

### **使命**

對有智障人士之華裔家庭提供資訊交流、經驗分享、家長支援及智障人士未來生活之計劃

### **活動**

舉辦每一/二個月聚會一次、康樂活動及有關講座

### **年費及權利**

每家庭於每年一月初繳交 C\$30，如有拖欠逾一年者，將被取消會員身份。各會員有權以一人一票方式在週年大會中投票選舉執行委員。

### **Enquiry 查詢**

Heep Chi Association  
9665 Bayview Avenue, Village Gate P.O. Box 32694,  
Richmond Hill, ON L4C 0A2  
Telephone (647) 288-3409  
E-mail: [heepchiparents@yahoo.ca](mailto:heepchiparents@yahoo.ca)



# 會員資料表見 Membership Form

## Membership Form 會員資料表

Information provided to our association below are voluntary. They will be used for the planning and allocation of our resources for the needs of members. To join, please fill out and send the following form by mail to our mailing address. Membership dues can be enclosed in the mail with the membership form with a cheque or money order payable to: **Heep Chi Association**.

填報以下資料屬自願，如對任何項目想保密者，請留空白。以下資料更新是想對會員多作了解，以便可將資源作有效分配，使更能附合會員須要。填妥後請郵寄或電郵到協智會。

### A. Families with Developmentally Challenged Members 智障人士之家庭資料

Parent/Guardian 家長/監護人	Parent/Guardian 家長/監護人
Occupation 職業 (Optional)	Occupation 職業 (Optional)
E-mail Address 電郵	E-mail Address 電郵
Home Telephone 住宅電話  Work Telephone 工作電話:  Cellular 手機:	Home Telephone 住宅電話  Work Telephone 工作電話:  Cellular 手機:
Home Address 住址	Home Address 住址
Dialect 方言 <input type="checkbox"/> Cantonese 廣東話 <input type="checkbox"/> Mandarin 普通話 <input type="checkbox"/> English 英文 <input type="checkbox"/> Others 其它_____	Dialect 方言 <input type="checkbox"/> Cantonese 廣東話 <input type="checkbox"/> Mandarin 普通話 <input type="checkbox"/> English 英文 <input type="checkbox"/> Others 其它_____



# 會員資料表見

## Membership Form

### B. Developmentally Challenged Members 智障人士資料

Name 名字	
Date of Birth 出生日期(DD/MM/YY)	Gender 性別:
Diagnosis 斷症	Referring Agency 聯繫之社區機構

### C. Special Needs Information/Areas of Concern 關切問題

Please put an X on the item, amount is unlimited 請X 適合項目，不限數目

Education 教育	Behaviour 行爲	Social Interaction 社交	Work Skills 工作
Lodging 住宿	Financial Support 財務	Parent Support and sharing 家長支援與經驗分享	Service Referral 社會服務資訊

### D. Please specify the activities you wish Heep Chi to expand 請詳列協智會應增加與加強的活動。

### E. Are you interested to volunteer with Heep Chi in planning, fund raising, member support etc. 你有沒有興趣參加協智會的義務工作如籌款、舉辦活動等?

Interested 有興趣  Not interested 沒有興趣

### F. Are you willing to share my membership information with Heep Chi parent support group 你願不願意將你的會員資料與協智會家長分享?

Willing 願意  Not willing 不願意

### G. I would like to make a donation 我願意捐款 \$ \_\_\_\_\_

### H. Other suggestions 其它意見

### I. Will you grant your permission to let us take photograph of you/your child/your family member for promotional purposes 你批不批准把你或你的孩子或家庭成員被拍攝作宣傳作用?

Permission granted 批准  Permission not granted 不批准

### J. Where do you hear about Heep Chi Association 你從何處得知協智會? \_\_\_\_\_

Date 日期

Name and Signature of Member 會員名字及簽署