



Hong Kong Association for Cleft Lip and Palate

Membership Application Form

(Please complete the form in BLOCK LETTERS)

Parents' Information :

	Name	Occupation
Father		
Mother		

Patient's Information :

Patient's Name : _____	Occupation (if applicable) : _____
Gender : Male / Female	Date of Birth : _____
Hospital of Birth : _____	
Cleft Lip and Palate Condition : (Please put a "✓" mark in the appropriate box.)	
<input type="checkbox"/> Unknown	<input type="checkbox"/> Cleft Dental Arch
<input type="checkbox"/> Cleft Lip →	<input type="checkbox"/> Pierre Robin Syndrome
<input type="checkbox"/> Cleft Palate →	<input type="checkbox"/> Unilateral
<input type="checkbox"/> Complete	<input type="checkbox"/> Bilateral
<input type="checkbox"/> Incomplete	<input type="checkbox"/> Microtia
<input type="checkbox"/> Hemifacial Microsomia	

Contact Information :

	Father	Mother	Patient
Mailing Address			
Home Telephone			
Mobile Phone			
E-mail Address			

Signature : _____

Date : _____

Admission

After completion of the application form, please include an enrollment fee of \$50 and the annual fee of \$100, or a life membership fee of \$800, and come to our association in person to process the application **OR** send the completed application form together with a crossed cheque (make payable to: Hong Kong Association for Cleft Lip and Palate) to :

Hong Kong Association for Cleft Lip and Palate

Unit 11-12, G/F., Wang Wai House, Wang Tau Hom Estate, Kowloon.

Inquiry Telephone : 2794 1915 OR E-mail Address : info@cleftlip.org.hk

This section to be completed by staff of the association		
Date of Membership Granted :	Membership Number :	Receipt Number :
Way to know HKACLP :		
Applicant's identification documents have been verified : <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Hong Kong Identity Card		

Disclaimer & Declaration for Collection of Personal Information

You are responsible or may voluntarily provide personal information to the Association. If you fail to provide the relevant information, the Association will not be able to process your membership application / issue a receipt for your donation for tax deduction purposes. Personal data provided in this form will be used for processing the donation and administrative purpose only. Under the provisions of the Personal Data (Privacy) Ordinance, membership applicant / donors have rights to request access to, and to request the correction of, their personal data.