



## 會員申請表

## Membership Application Form

中文姓名 Name in Chinese		英文姓名 Name in English	
攝影年資 Years of Photography		性別 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
電郵地址(正楷) E-mail Address (Block Letters)			
手提電話號碼 Mobile No.		住宅電話號碼 Home Tel No.	
申請之會員類別 Membership Type	<input type="checkbox"/> 未成年會員 Underage Membership		免費 Free
	<input type="checkbox"/> 普通會員 Ordinary Membership		免費 Free
	<input type="checkbox"/> 專業會員 Professional Membership		每年度港幣 200 元正 HKD\$200 per annual year
	<input type="checkbox"/> 醫療專業會員 Medical Professional Membership		每年度港幣 200 元正 HKD\$200 per annual year
	<input type="checkbox"/> 永久專業會員 Lifelong Professional Membership		港幣 3000 元正 HKD\$3000
	<input type="checkbox"/> 永久醫療專業會員 Lifelong Medical Professional Membership		港幣 3000 元正 HKD\$3000
是否願意在本會成為義務工作者 Do you willing to work as a voluntary worker in Society		<input type="checkbox"/> 願意 Willing	<input type="checkbox"/> 不願意 Not Willing
是否願意接受本會的電子會員通訊 Do you willing to accept the digital membership communication in Society		<input type="checkbox"/> 願意 Willing	<input type="checkbox"/> 不願意 Not Willing

## 聲明 Declaration

本人贊同心影薈的使命和目標，並接受心影薈的憲章及各項條款及規則，直至本人的會籍被取消或本人退會為止。心影薈可根據章程保留接受本人成為會員與否之權利。本人明白會籍一經批核，所繳交之入會費於任何理由下亦不能退還。

I am in sympathy with the mission & objectives of the Mental Health Photographic Society (MHPS) and agree hereby to abide and be bound by the Articles, By-Laws and Rules of the Association until such time as my membership shall be terminated by resignation or otherwise. The MHPS reserves the right according to the Articles to accept or not accept the application presented. I understand once the application is approved, the paid Membership Fee is non-refundable under any reasons.

申請日期  
Date of application

同意及申請簽署  
Acknowledged and Application Signature

以上所有條款以英文版本為準 All terms stated based on English version as reference

請將此表格連同劃線支票(抬頭:心影薈有限公司) 中環皇后大道中 70 號卡佛大廈 10 樓 1007 室  
Please send in your crossed cheque (To: Mental Health Photographic Society Co. Ltd.) with the form to  
Room 1007, 10/F, Crawford House, 70 Queen's Road Central, Central

For Staff Use Only:

Approved , ID: \_\_\_\_\_  Rejected  
 Web-form Completed  Remarks \_\_\_\_\_  
 Staff : \_\_\_\_\_ Date: \_\_\_\_\_