



The Asian Foundation for the Prevention of Blindness
亞洲防盲基金會

Application for Membership

入會申請表

Name of Applicant: 申請人姓名:

Mr./Mrs./Ms 先生/太太/女士 (中文) _____ (English) _____

Address of Correspondence: 通訊地址

Office Telephone No.: 辦公室電話 _____ Home/Mobile Phone No.: 住宅/手提電話 _____

Email address: 電郵地址 _____

I hereby apply for 本人現擬申請為

A. Affiliated Membership (Company/Organisation)

團體會員

- Life Member 永久 \$3,000
 Ordinary 普通 \$1,000 (per year 每年).

B. Individual Membership

個人會員

- Life 永久 \$1,500
 Ordinary 普通 \$300 (per year 每年).

Date: 日期 _____

Signed: 簽名 _____

Cheque should be made payable to: The Asian Foundation for the Prevention of Blindness 支票抬頭: 亞洲防盲基金會

All Applications to be returned To:
Block A3, 10/F, Yee Lim Industrial Centre
2-28 Kwai Lok Street, Kwai Chung,
New Territories, Hong Kong

請將申請表格寄往下列地址:
香港新界葵涌葵樂街 2-28 號
裕林工業中心 A 座 10 樓 3 室

Tel: 2789 3331

Fax: 3005 4401

電話: 2789 3331

傳真: 3005 4401

I declare that the personal data provided above are accurate and are provided by me voluntarily. I agree that the Asian Foundation for the Prevention of Blindness may check the data with the relevant authorities concerned. When my membership is accepted, your Foundation may keep, store and use those data for communication and handling of membership matters. At the same time, I may check and update those data with your Foundation from time to time.

本人聲明此會員申請表所提供之個人資料乃出於自願及正確無誤，並同意貴會向有關方面核實該等資料。本人之會員申請獲亞洲防盲基金會接納後，本人同意貴會可持有、儲存及使用該等資料用作通訊用途及辦理會務事項。本人亦可隨時向貴會查閱及修訂上述資料。