



香港殘疾人奧委會暨傷殘人士體育協會
Hong Kong Paralympic Committee &
Sports Association for the Physically Disabled (HKPC & SAPD)

Unit 141-148, G/F., Block B, Mei Fung House, Mei Lam Estate, N.T. Hong Kong

香港新界沙田美林村美楓樓B座141至148號地下

電話 (Tel) : 2602-8232 傳真號碼 (Fax): 2603-0106

網址 (Website) : <http://www.hkparalympic.org> 電子郵件 (Email): mailadmin@hkparalympic.org

團體會員申請表
Application Form for Group Member

年份

Year _____

團體名稱 (中文) _____

Name of Organisation (in English) _____

通訊地址 (英文)

Correspondence Address (in English) _____

電郵地址

Email Address _____

電話

Telephone No. _____

傳真

Fax : _____

聯絡人

Contact Person _____

職位

Position _____

會員類別及數目* Type and No. of the Member *

*如適用 If appropriate

殘疾類別 Disability	殘疾會員數目 No. of Disabled Members	
	男 Male	女 Female
癱瘓 Paraplegic		
小兒麻痺 Polio		
義肢 Amputee		
失明 Visual Impairment		
癱瘓 Cerebral Palsy		
其他 Others		
		總數 Total : _____ 人

簽署

Signature _____

職位

Position _____

姓名

Name _____

日期

Date _____

團體會員年費： 每年三百元正(四月一日至翌年三月三十一日)

Group Member Annual Fee : HK\$300.00 per annum (from 1st Apr to 31st Mar)

繳費方法： 請以劃線支票抬頭「香港殘疾人奧委會暨傷殘人士體育協會」寄交協會秘書處

Payment Methods : A crossed cheque made payable to "HKPC & SAPD" send back to the HKPC & SAPD Secretariat

申請資格： 申請團體必須為特殊學校或本地殘疾人士體育組織，並為香港合法註冊之社團、公司或機構
詳情請參閱「團體會員申請指引」

Eligibility Criteria : Special School or local sports organization for the disabled registered under the Societies or Companies Ordinance is welcome to be our Group Member.

Please refer to the guideline for applying group memberships of HKPC&SAPD

秘書處專用 Internal Use Only			
Received Date:		Membership No:	
Cheque:		Receipt No:	
Amount:		Post Out Date:	
Checked By:		Handled By:	