

新健社 (中風患者及家屬互助社)

Membership Application Form		
(If patients and family members also join the membership, please fill out a		
membership application form separately)		
Name :(□ patient/ □ family members/ □ other)		
Gender :Date of Birth :		
Phone No. :		
Address :		
If family member, patient name : Relation :		
Receive CSSA : Image: No Image: Yes CSSA No. :		
Select District :		
□Kowloon East □Kowloon West □N.T. West □HK Island		
□N.T. North □N.T. East		
If you are a patient, please fill in the following items :		
Year of onset :		
Patient Movement and Health Status		
□Freedom of movement □ Wheelchair		
□ Need to use walking aids (such as crutches, hand forks)		
□Speech difficulties □ Hemiplegia (left/right)		
Applicant's signature : Date :		



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Person in charge to fill in the column		
Person in Charge:	Date:	
Receipt No. :	Dealer :	
Membership No. :		
Remarks: In order to protect personal privacy, the information of each member is only used for purposes directly related to the		
organization's functions and activities.		

Membership Requirements

(1) **Basic Membership :** All stroke patients and their immediate family members can apply to become basic members.

(2) Affiliate members : Any person who is willing to abide by the constitution of the association and agrees with the purpose of the association, after being approved by the member review group can become an affiliate member of the association.

****Membership Fee :** The annual membership fee for basic members and affiliated members is **HK\$50.** All CSSA families can pay **half** of the membership fee after presenting relevant certificates.

**Please send a crossed check payable to "The Hong Kong Stroke

Association", or deposit the fee into the Bank of China account

#012-898-2-008860-9 and send the bank receipt back to our centre

together with and membership form.

Address: Room 1901-1902, 19/F., New Treasure Centre, 10, Ng Fong Street, San Po Kong, Kowloon, H.K.