**Preemie’s Parents Support Group**

**早產嬰兒家長互助會**

**Membership Enrollment Form**

**會員申請表**

|  |
| --- |
| **Member’s Particulars 會員資料** |
| Name (in Chinese)姓名 (中文) | \*女士/先生/小姐 | Relationship與子女關係 | \* Mother / Father\*母親/父親 |
| Name (in English)姓名 (英文) | \*Mrs./Mr./Ms. |
| Address地址 |  |
|  |  |
| Contact No.聯絡電話 |  | e-mail address電郵地址 |  |
| **Preemie’s Particulars早產嬰兒資料** |
|  | 1 | 2 |
| Name (in Chinese)姓名 (中文) |  |  |
| Name (in English)姓名 (英文) |  |  |
| Date of Birth出生日期 |  |  |
| Maturity出生週數 |  |  |
| Sex性別 |  |  |
| Hospital of Birth出生醫院名稱 |  |  |
| **Signature****簽署** |  | **Date****日期** |  |
| **~~ FOR OFFICIAL USE ONLY 以下由本會填寫 ~~** |
| Officer in-charge負責人姓名 |  | Signature簽署 |  |
| Joint-in Date入會日期 |  | Membership No.會員編號 |  |
| Name of Bank銀行名稱 |  | Cash/Cheque No.現金/支票號碼 |  |
| Remarks備註 |  |

Please fill in BLOCK Letters and \*delete where appropriate 請以正楷填寫 \*請刪去不適用者

*Please return the enrolment form by mail to Preemie’s Parent Support Group, K10N-NICU, Queen Mary Hospital, 102 Pokfulam Road, Hong Kong together with a crossed cheque of HK$100 payable to “Preemie’s Parents Support Group”.*

*請填妥表格並連同 HK$100劃線支票 (抬頭:「早產嬰兒家長互助會」)寄回香港薄扶林道102號瑪麗醫院 K10N-NICU，早產嬰兒家長亙助會收。*