**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。*