



Hong Kong Association for Cleft Lip and Palate

Membership Application Form

Parents' Information :

	Name	Occupation
Father		
Mother		

Patient's Information :

Patient's Name : _____	Occupation (if applicable) : _____
Gender : Male / Female	Date of Birth : _____
Hospital of Birth : _____	
Cleft Lip and Palate Condition : (Please put a "✓" mark in the appropriate box.)	
<input type="checkbox"/> Unknown	<input type="checkbox"/> Cleft Dental Arch
<input type="checkbox"/> Cleft Lip →	<input type="checkbox"/> Pierre Robin Syndrome
<input type="checkbox"/> Cleft Palate →	<input type="checkbox"/> Microtia
<input type="checkbox"/> Complete	<input type="checkbox"/> Hemifacial Microsomia
<input type="checkbox"/> Unilateral	<input type="checkbox"/> Bilateral
<input type="checkbox"/> Incomplete	

Contact Information :

	Father	Mother	Patient
Mailing Address			
Home Telephone			
Mobile Phone			
E-mail Address			

Signature : _____

Date : _____

Disclaimer & Declaration for Collection of Personal Information

The information collected above will only be used by our association for the purpose of membership application and it will not be disclosed to outside institutions and third-parties. Any information given by our staff and volunteers in different parent groups and sharing sessions reflects only the personal experience of the contributors and does not represent the viewpoint of our association.

Admission

After completion of the application form, please include an enrollment fee of \$50 and the annual fee of \$100, or a life membership fee of \$800, and come to our association in person to process the application OR send the completed application form together with a crossed cheque (make payable to: Hong Kong Association for Cleft Lip and Palate) to :

*Hong Kong Association for Cleft Lip and Palate
Unit 11-12, G/F., Wang Wai House, Wang Tau Hom Estate, Kowloon.*

Inquiry Telephone : 2794 1915 OR E-mail Address : info@cleftlip.org.hk

This section to be completed by staff of the association		
Date of Membership Granted :	Membership Number :	Receipt Number :
Way to know HKACLP :		
Applicant's identification documents have been verified : <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Hong Kong Identity Card		