



The General Union of Hong Kong Speech Therapists Membership Application

Chinese Name:	English Name:	Gender:
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Qualification	
Name of Institution:	Year of Graduation:
Name of Programme:	

Name of Company:	Work Phone:
Work Address:	

Type of Service(s): (Check all that apply)				
<input type="checkbox"/> Mainstream Schools	<input type="checkbox"/> Special Schools	<input type="checkbox"/> NGO	<input type="checkbox"/> EDB	<input type="checkbox"/> Hospital Authority
<input type="checkbox"/> Child Assessment Service	<input type="checkbox"/> University / Institute	<input type="checkbox"/> Private	<input type="checkbox"/> Other:	

Correspondence Address:
Email:
Personal Phone:

Office Use Only

<input type="checkbox"/> Graduation Proof Received	<input type="checkbox"/> Employment Proof Received
<input type="checkbox"/> Entrance Fee \$300 Received	<input type="checkbox"/> Annual Membership Fee \$200 Received

<input type="checkbox"/> Membership Accepted (Membership No.: _____)	
<input type="checkbox"/> Membership Denied: _____	
Processed by: _____	