



香港園藝治療協會有限公司

Hong Kong Association of Therapeutic Horticulture Limited

Membership Application Form

Membership No _____

Name: (Chinese) _____ (English) _____
Sex: _____ Occupation: _____
Age : 20 or under 21-35 35 - 50 51 or above
Education : Primary Secondary Diploma High Diploma / Associate Degree
 Bachelor Degree Master Degree PhD Others _____
Subjects : _____ Email : _____
Telephone : (Day) _____ (Night) _____ Mobile : _____
Address : _____

Expectation : _____

Have you attended any Horticultural Therapy Course? No Yes

(Please state : _____)

Do you willing to be volunteer of our Association? Yes No

Talent : Computer Web page Design Photography Horticulture
 Translation: Verbal Written: (Please state language _____) Others : _____

Language : Putonghua English Japanese Korean Others : _____

Where do you know our Association : Course Newspaper/magazine TV/Radio

Declaration:

I understand that all information collected will be used for internal use and promotion of HT, and those are absolute correct.

Signature: _____

Date: _____

Membership Fee: \$100 (Cash By cheque (No.: _____ Bank: _____)
 Bank-in Account No. 357-464528-001 Hang Seng Bank

(Please send us the original copy of the transfer slip)

Cheque payable to: Hong Kong Association of Therapeutic Horticulture Limited or
香港園藝治療協會有限公司

Donation : \$100 \$200 \$300 \$400 \$500 \$ _____

* The donations are for promotion and development of the Association *

Address: Rm. 1715, 17/F., Fortune Commercial Building, 362 Sha Tsui Road, Tsuen Wan, N.T. HongKong

E-mail: info@hkath.org

Tel: (852)3690-1621

Fax: (852)3690-1622