



會員申請須知

Membership Application Notice

I. 會員申請方法 Membership Application Method

- 1) 出示有效之港島東醫院聯網轄下醫院或診所覆診證明文件及身份證明文件。
Please show a valid document of follow-up appointment issued by a hospital or clinic of the Hong Kong East Cluster and personal identity document.
- 2) 填妥會員申請表。
Fill in the membership application form.
- 3) 遺失會員卡者，須付港幣二十元之補卡手續費，一經繳費，恕不退回。
Fee for replacing a lost membership card is HKD\$20, no refund is available.

II. 會員細則 Member Conditions

- 1) 本會會籍有效期為永久。
Rehab Shop membership is valid for a permanent period.
- 2) 會員卡不得外借或轉讓，如違者將被取消會員資格，所繳付之費用均不會退還。
Membership card is not allowed to be borrowed or transferred. Or otherwise, the membership would be cancelled.
- 3) 所有提供之個人資料，只用作復康店會員記錄用途，將予保密。
All personal data will only be used for membership record and kept confidential.
- 4) 申請人在簽署會員申請表格時，即表示申請人已明白及同意上述條文。
Upon signing the application form, the applicant understands and agrees all the above terms and conditions.

III. 注意事項 Remarks

- 1) 本院復康店是由義工協助運作之非牟利服務，所有貨品不保證為市面上最低。
Rehab Shop is a non-profit making and operated with volunteers assistance .
It is not guarantee that the price of the products is the lowest in the market.
- 2) 所有出售之貨品皆由醫護人員按病人需要而建議。
Products are recommended by professional staff based on the needs of patients.
- 3) 病人及家屬可自行於本院復康店、社區藥房或其他醫療用品供應商購買所需用品。
Products can be purchased at our Rehab Shop , pharmacy or other supplier in the community.
- 4) 所有貨品及價目如有任何更改或缺貨，恕不另行通知。
Type and price of product might be changed without prior notice.
- 5) 為保障貨品供應的穩定性，部份貨品設有每日購買數量之上限。
For maintaining stable supply of the stock, some products will have daily limited quota.

IV.更換貨品條款及細則 Terms & Conditions of Product Exchange

- 1) 必須出示單據正本及欲更換之貨品。
All Product(s) for exchange must be accompanied with original receipt.
- 2) 貨品必須於購買日起計三日內更換。
Exchanges must be made within 3 days of purchase date.
- 3) 更換之貨品必須保持原廠的狀況。已被使用或受破壞之貨品及個人衛生貨品均不能更換。
Product(s) to be exchanged must be in original state. No Products(s) will be exchanged if used or damaged or altered or for personal hygiene reason shall not be accepted for exchange or return.
- 4) 換貨時如所換的產品金額低於原本產品金額，差額恕不退還。
The difference will not be returned if the price of the exchange item is lower than the original one.
- 5) 只可退換一次。
Item can be exchanged once only;
- 6) 不設退款服務。
Refund policy is not available.
- 7) 如有任何爭議，本店保留最終決定權。
In case of any dispute, Rehab Shop reserves the right for final decision.
- 8) 保留更改以上條款之權利，不作另行通知。
Rehab Shop reserves the right to amend the above conditions without prior notice.



會員申請表

Membership Application Form

申請人個人資料 Personal particulars of applicant

姓名 Name : _____ 電話號碼 Phone No. : _____

身份證明文件類別 Type of identity document : (請在適當的方格上 "✓" 號並提供身份證明文件號碼)
(Please put a "✓" into an appropriate box and provide the number of the identification document)

香港身份證號碼 Hong Kong Identity Card Number :

X	X					X
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護照或旅行證件號碼 Passport or Travel Document Number : _____
(供非本地居民填寫 · 請寫上頭 5 個字母或數字 For non-residents, please provide first 5 characters)

照顧者個人資料 Personal particulars of applicant' s care giver

* 如由申請人之照顧者代辦 · 請填寫以下資料 Please fill in the following information if applied by applicant' s care giver

姓名 Name : _____ 電話號碼 Phone No. : _____

關係 Relationship : _____

《聲明 Declaration》

- 1) 本人*聲明在此表格所提供之個人資料均正確無誤。I declare that all the personal particulars provided in this form are correct.
- 2) 本人*明白此表格所收集之個人資料只用作復康店服務用途。I understand that all the personal particulars collected in this form are used for the purpose of Rehab Shop service only.
- 3) 本人*明白會員卡不得外借或轉讓，如違者將被取消會員資格。I understand that the membership card is not allowed to be borrowed or transferred. Or otherwise, the membership would be cancelled.
- 4) 本人*已簽收會員卡。I have acknowledged the receipt of the membership card.

*本人即申請人或申請人之照顧者

申請人 / 申請人之照顧者簽署

Signature of applicant / care giver _____ 日期 Date : _____

職員專用 For staff use only

申請類別	<input type="checkbox"/> 新申請 <input type="checkbox"/> 續証 (適用於 2017 年 1 月 1 日前申請會員) <input type="checkbox"/> 補領 (\$20)			
所屬醫院	<input type="checkbox"/> 律敦治及鄧肇堅醫院 <input type="checkbox"/> 東區尤德夫人那打素醫院 <input type="checkbox"/> 貝夫人普通科門診診所 <input type="checkbox"/> 柏立基夫人健康院 <input type="checkbox"/> 西灣河健康中心	<input type="checkbox"/> 春磡角慈氏護養院 <input type="checkbox"/> 黃竹坑醫院 <input type="checkbox"/> 筲箕灣賽馬會診所 <input type="checkbox"/> 環翠政府診療所 <input type="checkbox"/> 赤柱公立醫局	<input type="checkbox"/> 東華東院 <input type="checkbox"/> 北南丫診所 <input type="checkbox"/> 柴灣健康院 <input type="checkbox"/> 鴨脷洲診所	<input type="checkbox"/> 長洲醫院 <input type="checkbox"/> 坪洲診所 <input type="checkbox"/> 索罟灣診所

會員卡編號 : _____ 收據編號 : _____ (如適用) 負責職員 : _____

會員系統資料處理

備註 : _____ 系統輸入日期 : _____