



FAMILIES OF S.M.A.
CHARITABLE TRUST
脊髓肌肉萎縮症慈善基金

S.M.A. VOLUNTEER REGISTRATION FORM

I understand that the “Families of S.M.A. Charitable Trust” is a non-profit organisation set up for the purpose of furthering medical research to find a cure for S.M.A. diseases, provide patient support, help needy S.M.A. families and promote public awareness of the S.M.A. diseases in Hong Kong. Please register me and keep me informed of current activities.

(If you want to help as an individual, please fill in **Part I and Part III**. If you want to help as an organization, please fill in **Part II and Part III**.)

Part I. General Information (For Individual)

English Name: _____ Chinese Name: _____
HKID: _____ Sex: _____ Date of Birth: _____
Correspondence Address: _____

Occupation: _____ Full Time Part Time
Contact Tel.: _____ Fax: _____ Email Address: _____
Education: Primary School Secondary School Tertiary Education

Part II. General Information (For Organization)

Name of Organization: _____
Contact Person: _____
Address: _____

Contact Tel.: _____ Fax: _____

Part III. Related Information

Areas to help: Please indicate the area(s) you are interested. (You can choose more than one option):

- Fund-raising Activities Patients Activities
 Administrative Work Photography
 Others (please specify):

Volunteer Work Experience : _____

Time Available : Please select (you can choose more than one box) :

Sunday	Morning	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The above information is for the arrangement of voluntary work only.
All information is private and confidential.

Signature: _____ Date: _____

Please submit this Form by **FAX** or **MAIL** to: Families of S.M.A. Charitable Trust
Room 1402, 14Floor, SUP Tower, 83 King's Road, North Point, HK
Hotline: 2811 1767 Fax: 2510 7199
Website: <http://www.fsma.org.hk> Email: info@fsma.org.hk