



香港園藝治療協會

Hong Kong Association of Therapeutic Horticulture

Membership Application Form

Membership No.: _____

Name : _____ (Eng) _____ (Chi)

Sex : _____ Occupation : _____

Age : 20 or below 21-35 35-50 51 or above

Academic Qualifications : Secondary Diploma Higher diploma / Associate Degree
 Bachelor Degree Master Degree Others _____

Subject(s) : _____ Email address: _____

Tel. No. : _____ Mobile: _____

Address : _____
_____ HK KLN NT

Disclaimer: I understand that the information provided is true and accurate, and it will be used by HKATH for internal record and contact purpose only.

Signature of Member: _____ Date: _____

Annual Fee: \$100 (Cash Cheque (No. : _____ Name of Bank: _____) Bank-in Unpaid
Sponsorship/Donation: \$ _____ to assist HKATH in promoting and developing HT programs/activities.
“To deposit payment into bank account of HKATH, please write the name on the pay-in slip and submit to HKATH by fax or mail. Bank account information of HKATH: Hang Seng Bank Account No.: 357-464528-001 Hong Kong Association of Therapeutic Horticulture Limited 香港園藝治療協會有限公司”

Service Agreement for HT Intern / Helper

(If you apply for the post of HT Intern / Helper, please complete and sign)

I, _____ (Name), apply for the post of HT Intern / Helper, and Agree / Disagree (delete where inappropriate):

1. to take up the professional role as Horticultural Therapist and learn proactively during internship;
2. to comply with the policy and administrative procedures of internship sites;
3. to work closely with interns / helpers, internship sites, Supervisors, Assistant Supervisors and Observers;
4. to complete the internship assigned, to submit relevant report, document and record to HKATH and Supervisors on time.

Signature of Applicant: _____ Date: _____

Address: Rm 1715, 17/F., Fortune Commercial Building, No. 362, Sha Tsui Road, Tsuen Wan, N.T., HK

Email: info@hkath.org Tel.: (852)3690-1621 Fax.: (852)3690-1622