

致：會員聯繫及服務  
傳真：2864 2910

To：Membership Liaison & Services  
Fax：2864 2910

香港社會服務聯會  
THE HONG KONG COUNCIL OF SOCIAL SERVICE  
機構會員資料更正表  
Updating Form for Change of Information on Agency Membership

#機構名稱(中文)：\_\_\_\_\_  
#Name of Agency (in English)：\_\_\_\_\_

**只需填寫更正的項目 Please fill in amended item(s) only**

機構地址：\_\_\_\_\_  
(中文) \_\_\_\_\_  
Agency's Address：\_\_\_\_\_  
(in English) \_\_\_\_\_  
電話/Telephone：\_\_\_\_\_ 網頁/Website：\_\_\_\_\_  
傳真/Fax：\_\_\_\_\_ 電郵/E-mail：\_\_\_\_\_

**機構代表(1) / Official Representative (1)**

中文姓名 (\*先生/女士/小姐/博士/教授/牧師/修女)：\_\_\_\_\_  
Name in English (\*Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Sr)：\_\_\_\_\_  
職位：\_\_\_\_\_ Title：\_\_\_\_\_  
機構代表中文通訊地址(如與機構地址不同)：\_\_\_\_\_

Official Representative's Correspondence Address in English (if differs from Agency's Address)：\_\_\_\_\_

電話/Tel：\_\_\_\_\_ 傳真/Fax：\_\_\_\_\_ 電郵/E-mail：\_\_\_\_\_

**機構代表(2) / Official Representative (2)**

中文姓名 (\*先生/女士/小姐/博士/教授/牧師/修女)：\_\_\_\_\_  
Name in English (\*Mr/Mrs/Ms/Miss/Dr/Prof/Rev/Sr)：\_\_\_\_\_  
職位：\_\_\_\_\_ Title：\_\_\_\_\_  
機構代表中文通訊地址(如與機構地址不同)：\_\_\_\_\_

Official Representative's Correspondence Address in English (if differs from Agency's Address)：\_\_\_\_\_

電話/Tel：\_\_\_\_\_ 傳真/Fax：\_\_\_\_\_ 電郵/E-mail：\_\_\_\_\_

#機構蓋印/Agency Chop：\_\_\_\_\_

#填寫日期/Date：\_\_\_\_\_

# 必須填寫 Must fill in

\* 請刪去不適用項目 Delete whichever is inapplicable