



## Family Membership Application Form

職員專用

\*Must fill in and Tick the correct box

### I. Family Membership Contact Information (Main contact person must be adult)

\*Have individual Membership :  Yes  No

\*Chinese Name : \_\_\_\_\_ \*English Name : \_\_\_\_\_

\*Sex :  Male  Female

\*Date of Birth (Y-M)\_\_\_\_/\_\_\_\_ \*Place of Birth :  H.K  China  Overseas (Please specify: \_\_\_\_\_)

Tel (Mobile) : \_\_\_\_\_ \*Emergency contact number: \_\_\_\_\_

\*Address : \_\_\_\_\_(District/Street)\_\_\_\_\_(Building/Estate)\_\_\_\_\_(Floor)\_\_\_\_\_(Flat)

\*District :

H.K. Island :  Central  Wan Chai  East District  South District

Kowloon :  Yau Tsim Mong  Sham Shui Po  Kowloon City  Wong Tai Sin  Kwun Tong

New Territories :  Kwai Ching  Tsuen Wan District  Tuen Mun  Yuen Long  North District

Tai Po  Sha Tin  Sai Kung  Islands

\*Education level attained :  Kindergarten (Class : \_\_\_\_\_)  Primary (Class : \_\_\_\_\_)

Secondary (Class : \_\_\_\_\_)  College  Vocational Training Council  University or above

\*Emergency contact person : \_\_\_\_\_ \*Tel : \_\_\_\_\_

\*Relationship with the applicant : \_\_\_\_\_ Email : \_\_\_\_\_

Family status :  Receive CSSA  Low-income family  Family Financial Assistance  Not applicable

### II. Annual Membership auto renewal (Maximum three years of membership)

\* I  Agree that center will automatically renew the family membership every year and I will continue to abide the membership rules set by the center, until the end of the three-year membership.

Disagree that Center will automatically renew the family membership and agrees that the membership will expire one year after the date of application

### II. Applicants statement:

The applicant	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	abide by the membership rules set by the center
	and <input type="checkbox"/> Agree <input type="checkbox"/> Disagree	be a volunteer of the Centre
	and <input type="checkbox"/> Agree <input type="checkbox"/> Disagree	Centre can use the applicant information to, including communication, fundraising, activities promotion/business and collection of opinion purpose
	and <input type="checkbox"/> Agree <input type="checkbox"/> Disagree	Other centres to use the information ;
	and <input type="checkbox"/> Agree <input type="checkbox"/> Disagree	Receive E-copy
	and <input type="checkbox"/> Agree <input type="checkbox"/> Disagree	Receive newsletter

Applicant Remarks( if any) : \_\_\_\_\_

(All the information will be kept confidentially)

\*Signature of applicant : \_\_\_\_\_

\*Date : \_\_\_\_\_

\*please turn page to fill in family membership form →

**「Family Membership」 Family Member form (Maximum 6 applicant can apply )**

**Family Membership No. :** \_\_\_\_\_

<p>* Have individual membership card : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Chinese Name : _____ *Sex : <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>*English Name : _____</p> <p>*Date of Birth (Y-M) _____ / _____ *Place of Birth : <input type="checkbox"/> H.K  <input type="checkbox"/> China <input type="checkbox"/> Overseas (Please specify : _____)</p> <p>*Address : <input type="checkbox"/> living with the main contact person <input type="checkbox"/> Others(Please specify : _____) Tel : _____</p> <p>*Education level : <input type="checkbox"/> Kindergarten (Class : _____) <input type="checkbox"/> Primary (Class : _____) <input type="checkbox"/> Secondary (Class : _____)  <input type="checkbox"/> Vocational Training Council <input type="checkbox"/> College <input type="checkbox"/> University or above <input type="checkbox"/> Others (Please specify : _____)</p> <p>*Emergency Contact Person : <input type="checkbox"/> Family Membership main contact person <input type="checkbox"/> Others (Please specify : Name: _____ Tel : _____)</p> <p>Relationship with the applicant : _____)Special health condition (if any) (Please specify : _____)</p>	<p><b><u>This column is filled in by staff:</u></b></p> <p>Membership No. : _____</p> <p>Membership Type: <input type="checkbox"/> 幼兒會員 (Age 6 歲以下 )  <input type="checkbox"/> Child (Age 6-14) <input type="checkbox"/> Youth (Age 15-24)  <input type="checkbox"/> Adult (Age 25-55) <input type="checkbox"/> Elderly(Age 55 or above)</p>
<p>* Have individual membership card : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Chinese Name : _____ *Sex : <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>*English Name : _____</p> <p>*Date of Birth (Y-M) _____ / _____ *Place of Birth : <input type="checkbox"/> H.K <input type="checkbox"/> China <input type="checkbox"/> Overseas (Please specify : _____)</p> <p>*Address : <input type="checkbox"/> living with the main contact person <input type="checkbox"/> Others(Please specify : _____) Tel : _____</p> <p>*Education level : <input type="checkbox"/> Kindergarten (Class : _____) <input type="checkbox"/> Primary (Class : _____) <input type="checkbox"/> Secondary (Class : _____)  <input type="checkbox"/> Vocational Training Council <input type="checkbox"/> College <input type="checkbox"/> University or above <input type="checkbox"/> Others (Please specify : _____)</p> <p>*Emergency Contact Person : <input type="checkbox"/> Family Membership main contact person <input type="checkbox"/> Others (Please specify : Name: _____ Tel : _____)</p> <p>Relationship with the applicant : _____)Special health condition (if any) (Please specify : _____)</p>	<p><b><u>This column is filled in by staff:</u></b></p> <p>Membership No. : _____</p> <p>Membership Type: <input type="checkbox"/> 幼兒會員 (Age 6 歲以下 )  <input type="checkbox"/> Child (Age 6-14) <input type="checkbox"/> Youth (Age 15-24)  <input type="checkbox"/> Adult (Age 25-55) <input type="checkbox"/> Elderly(Age 55 or above)</p>
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(如表格不足填寫成員資料，請向前職員索取表格)

**\*Signature of the applicant :** \_\_\_\_\_ **\*Date :** \_\_\_\_\_

**Tung Wah Groups of Hospitals Jockey Club Tai Kok Tsui Integrated Services Centre  
Member Profile Update Form \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Year**

If you have any information that needs to be changed, please fill out the form below and return it to the Center so that the Center will have any information in the future for more effective delivery to you.

Member Name: \_\_\_\_\_ Membership Number: \_\_\_\_\_

item	Updated content
Address	
Mailing Address	
Contact No.	
E-mail	
Other information	

**Applicant's statement:**

**The applicant**       Agree    Disagree      abide by the membership rules set by the center  
and  Agree    Disagree      be a volunteer of the Centre

and  Agree    Disagree      Centre can use the applicant information to, including  
communication, fundraising, activities promotion/business  
and collection of opinion purpose

and  Agree    Disagree      Other centres to use the information ;  
and  Agree    Disagree      Receive E-copy  
and  Agree    Disagree      Receive newsletter

**Signature of Applicant :** \_\_\_\_\_

**Date :** \_\_\_\_\_