



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 : _____)</p> <p><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><u>This column is filled in by staff:</u></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 : _____)</p> <p><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><u>This column is filled in by staff:</u></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 : _____