



Individual Membership Form

*Must fill in and Tick the correct box

I. Personal Particulars

*Family 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

Others Please specify: (_____)

Email : _____ School name: _____ Year of arrival to H.K. (if any): _____

Main language : Cantonese English Others: (please specify: _____)

Other contact organization(if have) : _____

II. Other particulars

Living condition : Living alone Living with spouse and children Living with spouse Living with children

Living with relatives Living with friends Single parent Living with parents

Others (Please specify: _____) Failed to provide information

Housing category: Public Housing Subsidize housing Private Housing (Rent) Private Housing (Owned)

Interim Housing Homeless Hostel Others (Please specify: _____) Not suitable

Household income: Working Work Savings Supported by Family Rent income

Social Welfare /Disability allowance /Elderly allowance Others(Please Specify : _____)

Failed to provide information

Marital Status: Single Married Live-in relationship Separated Divorced Remarry Widow

Others (Please specify: _____) Failed to provide information

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

III. Emergency contact information:

*Emergency Contact Person : _____ *Tel : _____ *Relationship : _____

Special health condition (Please specify: _____)

Please turn to the next page
to continue to fill in the form →

For Office Use
Membership No : _____
Membership type : <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)
Membership effective date : _____
Membership expiry date : _____
Receipt No. : _____ Responsible Staff : _____

IV. Parent / Guardian Particulars (For applicants under 18 years of age)

*Is the guardian and emergency contact information same? Yes (then, it's not required to fill in information) No→
please fill in the information above

Guardian Name(Chinese) : _____ Guardian Name(English) : _____

Tel: _____ Relationship with the applicant: _____

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

* I Agree that center will automatically renew the 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 membership and agrees that the membership will expire one year after the date of application

VI. 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 uses 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: _____

(All the information will be kept confidentially)

***Signature of Applicant :** _____

***Date :** _____

備註：會籍生效期間，會員如欲申請「家庭會籍」，必須先終止其「個人會籍」，已繳交之會員費用將不獲退還，並須繳交「家庭會籍」之申請費用全費\$60。

Tung Wah Group 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 uses the applicant information to, including
 communication, fundraising, activities promotion/business
 and collection of opinion purpose

and Agree Disagree Other Centre's to use the information ;

and Agree Disagree Receive E-copy
 and Agree Disagree Receive newsletter

Signature of Applicant : _____

Date : _____