

Centre: \_\_\_\_\_

## Membership Application Form

<b>Membership Duration#1:</b>  <b>【 Children/ Youth#2 】</b> <input type="checkbox"/> 1 Year(\$27) <input type="checkbox"/> 2 Year(\$50) <input type="checkbox"/> 3 Year(\$55) <b>【 Family 】</b> <input type="checkbox"/> 1 Year(\$45) <input type="checkbox"/> 2 Year(\$80) <input type="checkbox"/> 3 Year(\$85)	<input type="checkbox"/> <b>New Member</b> (Hong Kong Resident Only; Family Membership only for Nuclear Family; Applicant should be parent/grandparent who is taking care of their children/grandchildren aged between 3 to 35; No limit to the Number of Family Members.) <input type="checkbox"/> <b>Renewal*</b> (Only Membership No., Name, Education Level, Mobile Phone No., Signature and Updated Information are required.) <input type="checkbox"/> <b>New Family Member</b> ( Family Membership No. : _____ )
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Membership Type (Office Use)	P / Y / C	P / Y / C	P / Y / C	P / Y / C	P / Y / C
<b>Membership No. (Office Use)</b>					
<b>Name in English*</b>					
Name in Chinese					
Relationship with Applicant	Applicant/ Contact Person				
Sex					
Date of Birth (DD/MM/YYYY)	/ /	/ /	/ /	/ /	/ /
<b>Education Level *</b>					
<b>Mobile Phone No.*</b>	(Receive SMS#3)				
Home Telephone No.					
Home Address (For Mailing Quarterly Bulletin)					
Email Address	<input type="checkbox"/> Agree to receive information of the Association through this email address				
Volunteer Registration #4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Emergency Contact Person : \_\_\_\_\_ Emergency Contact No. : \_\_\_\_\_

(Please complete this section if the emergency contact person is not the applicant of Family Membership.)

**\*\*\*Personal Information Collection and Handling\*\*\***

Our Centre complies with "Policy on Protection on Personal Data, Privacy and Confidentiality" of the Association in collecting, processing, retention and transferring your personal data for the purpose of application of our membership, using our services, and contacts. Your personal data may be transferred or disclosed to other person or third party for providing services to you. You have the right to request access to and correction of your personal data.

I understand and agree to abide by "Terms and Conditions of Membership Application".

**Signature of Applicant\*** : \_\_\_\_\_ **Signature of Parent/Guardian** : \_\_\_\_\_ **Date** : \_\_\_\_\_

(For Applicant under the Age of 12)

Note : #1Membership Duration : Effective from the Date of Application; Renew Annually for 2<sup>nd</sup> and 3<sup>rd</sup> Year of Membership  
 #2 Children: aged between 3-14; Youth: Aged between 15-35  
 #3 Receive SMS : For Applicant/Main contact person of the family, please provide a mobile phone number which can receive SMS  
 #4 Volunteer Registration : For Age of 6 / P1 or above who want to register as individual volunteer, please complete Form V01 and read relevant document

**Office Use Only :**

Completed: Membership Type, Membership No.  
 Checked: ID Card/Student Handbook(Name/DOB), Home Address, Mobile Phone No.(SMS/Emergency Contact), Document for Exemption of Membership Fee, Signature of Applicant, Date

Membership Fee : \$ \_\_\_\_\_   **Signature of Staff** : \_\_\_\_\_   **Date of Application** : \_\_\_\_\_