



會員申請表

- 個人會員
家庭會員
綜援家庭會員
書津家庭會員
補發會員證
- 會員証編號：_____
 收據編號：_____
 費用：_____

姓名 (中文) _____ (英文) _____
 出生日期：_____年____月____日 * 年齡：_____ * 性別：_____
 地址：_____
 電郵地址：_____ 本人不收取貴中心資訊
 電話：(住宅) _____ (手提) _____
 職業：_____ 學校/服務機構：_____
 申請人家長/監護人姓名：_____ 緊急聯絡電話：_____

家庭成員資料：個人會員無須填寫以下資料 備註 * 必須填寫

| 家庭成員姓名 | 性別 | 出生日期 * (年/月/日) | 年齡 * | 關係 * | 會員証編號 | 收據編號 |
|--------|----|-------------------|---------|---------|-------|------|
| 1. | | / / | | | | |
| 2. | | / / | | | | |
| 3. | | / / | | | | |
| 4. | | / / | | | | |
| 5. | | / / | | | | |
| 6. | | / / | | | | |
| 7. | | / / | | | | |

根據個人資料 (私隱) 聲明, 閣下向本中心所提供的一切資料出於自願, 只作處理會員申請、統計、日後聯絡及本中心與合辦機構的報名事宜之用, 並會保密處理。假如閣下要求查詢、更改或刪除個人資料, 本中心將樂意效勞。

以下簽名證明本人已閱讀、符合及同意所有印在此表格上的條件及聲明。

申請人簽署：_____ 職員簽署：_____
 日期：_____ 日期：_____



Membership Application Form

- Individual Membership Membership Card No. : _____
Family Membership Receipt No. : _____
CSSA Family Membership Fee : _____
STAS Family Membership
Re-issue Membership Card

Name (Chinese) _____ (English) _____
 Date of Birth : _____ / _____ / _____ * Age : _____ * Gender : _____
 Address : _____
 Email Address : _____ I refuse to receive any information
 Telephone No. : (Home) _____ (Mobile) _____
 Occupation : _____ School/ Service Agency : _____
 Name of Applicant's Parent/Guardian : _____ Emergency Phone No. : _____

Family Members Information : Remark * Required

| Name of Family Members | Gender | Date of Birth * (YYYY/M/D) | Age * | Relationship * | Membership Card No. | Receipt No. |
|------------------------|--------|-------------------------------|----------|-------------------|---------------------|-------------|
| 1. | | / / | | | | |
| 2. | | / / | | | | |
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| 7. | | / / | | | | |

According to the Personal Data (Privacy) Ordinance, all information provided is voluntary and will only be used for processing membership applications, statistics, future contact and relevant registration of us and co-organizers, and will be confidential. If you request to inquire, modify or delete your personal information, please feel free to contact us.

The signature below certifies that I have read, complied with and agree to the above conditions and statements.

Signature of Applicant : _____ Signature of Staff : _____
 Date : _____ Date : _____