

THE MONGKOK KAI-FONG ASSOCIATION LTD. CHAN HING SOCIAL SERVICE CENTRE
Family Membership Registration Form (Principle Member)

Membership No. :

(Official use only)

Name (English) : _____ I. D. No. : _____

(Chinese) : _____ Year of Arrival : _____ E-mail : _____

Nationality : _____ Spoken Language : _____

Home Tel : _____ Contact Tel : _____

Age : _____ Sex : _____ Date of Birth : _____ / _____ / _____
Day Month Year

Address : _____

* Apply for waving of membership fee.(Only Applicable for CSSA Receptient, need to produce valid document approved by Social Welfare Department).

Please "☑" in appropriate box (choose only one in each item)

Occupation :

- | | | | |
|---|---|--|------------------------------------|
| <input type="checkbox"/> 1. Professional | <input type="checkbox"/> 2. Administration | <input type="checkbox"/> 3. Clerk | <input type="checkbox"/> 4. Sales |
| <input type="checkbox"/> 5. Service | <input type="checkbox"/> 6. Fishing/Agriculture | <input type="checkbox"/> 7. Manufacturing/Transportation | |
| <input type="checkbox"/> 8. Uniform Groups | <input type="checkbox"/> 9. Unemployed | <input type="checkbox"/> 10. Domestic | <input type="checkbox"/> 11. Study |
| <input type="checkbox"/> 12. Not Applicable | <input type="checkbox"/> 13. Others : _____ | | |

Educational Level : 1. Uneducated/Kindergarden 2. Primary 3. Secondary
 4. Matriculated 5. Tertiary/University 6. Not Applicable

What kind of activities you expect our Centre to Organize?(You can ☑ more than one)

- | | | | | |
|--|--------------------------------------|--|--------------------------------------|--|
| <input type="checkbox"/> 1. Music | <input type="checkbox"/> 2. Dancing | <input type="checkbox"/> 3. Art | <input type="checkbox"/> 4. Language | <input type="checkbox"/> 5. Physical Exercise |
| <input type="checkbox"/> 6. Cooking | <input type="checkbox"/> 7. Commerce | <input type="checkbox"/> 8. Computer | | <input type="checkbox"/> 9. Outdoor Activities |
| <input type="checkbox"/> 10. Volunteer | | <input type="checkbox"/> 11. Leadership Training | | <input type="checkbox"/> 12. Social Relationship |
| <input type="checkbox"/> 13. Current Affairs | | <input type="checkbox"/> 14. Tutorial Class | | <input type="checkbox"/> 15. Others |

Signature : _____ Date : _____

Declaration for Personal Data Collection

The Personal Data provided will only be used by our Centre for the sole purpose of providing service for you. Except authorized person, your personal data will not be used or transferred to other persons. Should you have any amendments or review on your personal data, please contact our staff.

Date of Renewal : _____ / _____ / _____ District : _____
Day Month Year

Receipt No. : _____ Responsible Staff : _____

Remarks : _____ Computer Entry : _____ Date : _____

Official Use

Family Members' Record

	Name	Age/Sex	I.D. No.	Date of Birth			Relationship with Applicant
				Day/	Month/	Year	
1	_____	___ / ___	_____	/	/	_____	
2	_____	___ / ___	_____	/	/	_____	
3	_____	___ / ___	_____	/	/	_____	
4	_____	___ / ___	_____	/	/	_____	
5	_____	___ / ___	_____	/	/	_____	
6	_____	___ / ___	_____	/	/	_____	
7	_____	___ / ___	_____	/	/	_____	
8	_____	___ / ___	_____	/	/	_____	
9	_____	___ / ___	_____	/	/	_____	