

Individual Membership Registration Form

Membership No. :

[Empty box for Membership No.]

(Official use only)

Name (English) : _____ Receive Whatsapp: Yes 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 Recipient, need to produce valid document approved by Social Welfare Department).

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

Occupation :

- 1. Professional 2. Administration 3. Clerk 4. Sales
- 5. Service 6. Fishing/Agriculture 7. Manufacturing/Transportation
- 8. Uniform Groups 9. Unemployed 10. Domestic 11. Study
- 12. Not Applicable 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)

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

Signature : _____ Parents' Signature : _____ (for age under 12) 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.

Official Use

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

Receipt No. : _____ Responsible Staff : _____

Remarks : _____ Computer Entry : _____ Date : _____