

Membership status : New Member Renewal (membership no: TSW_____ (C / Y / A / E))

Surname : _____ Given names : _____ Sex : Male Female

Identity Document type :
 HKID Card HKSAR Document of Identity for Visa Purposes HKSAR Passport Others _____

Month of Birth : __/____ (MM/YYYY) Age : _____

Place of Birth: HK Mainland Oversea (Pls Specify: _____) Year arrived in HK : _____ (if applicable)

Correspondence Address : (Can be School Address) _____

Telephone: _____ Mobile: _____ E-mail Address: _____

Education Status : (School Name) _____

Education Level : _____ Occupation : _____

Emergency Contact Person : (Name) _____ (relationship) _____ Mobile: _____

Health Status: _____

Children will borrow (6-14 years old need to fill in the following parent or guardian information)

	Name	#Age	#Occupation	Living together	Mobile Phone No.
Father					
Mother					
Guardian					

Other information

- Do you agree to become a volunteer: Yes Number: _____ (For Office Use Only) No
- Do you agree to receive newsletters: Yes No
- Do you agree that the institution/the center/other center uses its application materials for publicity and promotion: Yes No

Notes

- The applicant must be over six years old;
- The membership of our center is valid for three years, starting from the registration date. During this period, if there are any changes in the member's information, please notify our center to update it.
- When applying, please bring along the identification document (the birth paper or student handbook or ID card) for checking.
- The applicant agrees to provide the above personal data for the purpose of further contact and event promotion; the information will be treated confidentially; you have the right to access and correct the personal. Your personal data will not be provided to others except those authorized by the Center.
- If you lose your membership card, you must go through the procedures for re-issuing the card at the cost of \$10 each.
- If the member willing to become a volunteer, our staff will contact you to provide relevant information.

Note: Please put a nickname in the appropriate space; #Optional to fill in the project, the information for the service needs analysis.

"✓" as appropriate ; (*) Please delete as appropriate ; (#) Optional Items, for the use of data analysis only.

Signature: _____

Date: _____

----- **For Office Use Only** -----

Date of Application: _____ Receipt No: _____ Prepared by: _____

- CSSA family Low-income family School Textbook Assistance(Half/Full) (number: _____)
- Social worker referral

Collection of membership card (pls✓) :

- Already collected Waiting Until: _____ Member Signature: _____ Prepared by: _____