

Membership status : <input type="checkbox"/> New Member <input type="checkbox"/> Renewal (membership no: TSW_____ (C / Y / A / E))					
Surname : _____ Given names : _____ Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female					
Identity Document type : <input type="checkbox"/> HKID Card <input type="checkbox"/> HKSAR Document of Identity for Visa Purposes <input type="checkbox"/> HKSAR Passport <input type="checkbox"/> Others _____					
Month of Birth : __/____ (MM/YYYY) Age : _____					
Place of Birth: <input type="checkbox"/> HK <input type="checkbox"/> Mainland <input type="checkbox"/> 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

Are you willing to become a volunteer: <input type="checkbox"/> Yes Number: _____ (For Office Use Only) <input type="checkbox"/> No	Are you willing to become LEVELMIND member : (Please refer to our leaflet for more activities and information) <input type="checkbox"/> Yes DOB.: _____ (DD/MM/YYYY) <input type="checkbox"/> No	Is this your first time to apply to become LEVELMIND member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nickname
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1. Do you agree to receive newsletters: ☐ Yes ☐ No
2. 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 centre is valid for three years, starting from the registration date. During this period, if there any changes in the member's information, please notify our centre 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: _____