

Tung Wah Group of Hospitals
Jockey Club Tin Shui Wai Integrated Services Centre
Membership Application Form for Family (Yellow)

JCTSWISC-10-01-M

Confidential

Membership status : New Member Renewal Family membership no: TSW _____ P

Six Family Member	Applicate 1 st	2 nd Family Member	3 rd Family Member	4 th Family Member	5 th Family Member	6 th Family Member
Relationship	Mother/Father/Other : _____	Mother/Father/Other : _____				
Name						
Sex*	M / F	M / F	M / F	M / F	M / F	M / F
Identity Document type(e.g. HKID Card)						
Month of Birth (MM/YYYY)	___/___	___/___	___/___	___/___	___/___	___/___
Age						
Mobile Phone No.						
Correspondence Address						
E-mail Address						
Education Level						
Education Status						
Year arrived in HK						
Live Together Yes(✓) / No(✗)						
Renewal (Old membership No.)	F	F	F	F	F	F
New Member No. (TSW)						

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

Other information :

- Willing to become volunteer :
 Applicate 1st: Yes (No. : _____) No 2nd Family Member: Yes (No. : _____) No
 3rd Family Member : Yes (No. : _____) No 4th Family Member: Yes (No. : _____) No
 5th Family Member : Yes (No. : _____) No 6th Family Member: Yes (No. : _____) No
- All family members agree to receive newsletters: Yes No
- All family members agree that the institution/the center/other center uses its application materials for publicity and promotion: Yes No

Notes

- All applicants must be reach the age of three 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.
 - Please bring along with the proof of identity such as HK identity card, birth certificate, student handbook or record card for each registration.
 - All members are assigned by the parents or the applicant and cannot be changed within the effective period. The applicant could add appropriate member if there is vacancy within the effective period.
 - The above personal data you provided will be used for applying our services and be kept confidential; it will only be disclosed to other organization for the purposes of applying related services. You have the right to enquire and amend the personal data.
 - Only one center promotional booklet will be sent to the whole family.
 - 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.
- "✓" as appropriate ; (*) Please delete as appropriate.

Signature: _____

Date: _____

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

Date of Application: _____ Expiry date: _____ 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: _____

