

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	Agree to receive newsletters	Agree that the institution/the center/other center uses its application materials for publicity and promotion	Are you willing to become LEVELMIND member : (Please refer to our leaflet for more activities and information)	Is this your first time to apply to become LEVELMIND member?	Nickname
Applicate 1 st	<input type="checkbox"/> Yes (No. : _____) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes DOB.: _____(DD/MM/YYYY) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2 nd Family Member	<input type="checkbox"/> Yes (No. : _____) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes DOB.: _____(DD/MM/YYYY) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3 rd Family Member	<input type="checkbox"/> Yes (No. : _____) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes DOB.: _____(DD/MM/YYYY) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4 th Family Member	<input type="checkbox"/> Yes (No. : _____) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes DOB.: _____(DD/MM/YYYY) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5 th Family Member	<input type="checkbox"/> Yes (No. : _____) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes DOB.: _____(DD/MM/YYYY) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 th Family Member	<input type="checkbox"/> Yes (No. : _____) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes DOB.: _____(DD/MM/YYYY) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Notes ☐ “✓”as appropriate ; (✕) Please delete as appropriate.

- All applicants must be reach the age of three years old.
- The membership of our centre is vaild 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.
- 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.

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: _____

Renewal Date 23/04/2025 Service A04b