

## Membership Application Form 會員申請表

新會員 New Member  舊會員  會員年費十二元 Yearly Membership \$12/yr

姓名 Name \_\_\_\_\_

英文 English

中文 Chinese

性別 Gender

男 Male

女 Female

住址 Address \_\_\_\_\_

St. No. 門牌號數

Street 街名

單位號碼 Unit No.

City 市(鎮)

Province 省

Postal Code 郵遞號碼

Tel: 電話號碼: Office 辦公 \_\_\_\_\_ Residence 住宅 \_\_\_\_\_

Cell Phone 手提: \_\_\_\_\_ Fax 傳真: \_\_\_\_\_

The following information is for statistic purposes: Answers are voluntary.

以下資料為統計用,填寫與否悉隨專便

Occupation 職業 \_\_\_\_\_ Year of birth 出生年份 \_\_\_\_\_

If interested in FCCM Cultural Center Volunteer Program, Please tick your interest item(s)

如有興趣參與本中心義務工作,請在下列 適當的項目中加註

Reception 中心接待  Clerical 文書  Art work 美工  Translation 翻譯

Interest Group Instruction 興趣組導師  Special event 特別活動  Others 其他

**Note:** Participants should note that the Federation is not liable for any personal injury and/ or loss of property while in the FCCM premises, or when attending an interest class.

請注意: 會員須自顧安全,如在中心內有任何身體損傷或財物損失,本會概不負責

In Case of emergency, please give us the name and telephone number of a person who speaks English whom we could contact. 如有緊急請通知(可說英語的人士)

姓名 Name \_\_\_\_\_ Tel No 電話號碼: \_\_\_\_\_

**Waiver:** I release and discharge FCCM and all other sponsors from any claims, injuries, losses of liabilities suffered or incurred as a result of my participation in the FCCM course.

本人願意負責任何因為參與中心活動及學習而導致損傷或損失,或任何後遺症,都是與萬錦市加華聯會文化中心無關.

Member's Signature 會員簽名 \_\_\_\_\_ Date 日期: \_\_\_\_\_

Remarks: The Board of Directors of FCCM reserves all rights to approve any application.

註: 所有人會申請需經過董 事會核準. 本會保留所有決定權

支票抬頭請寫 Cheque payable to <b>F C C M</b>	All fees are not refundable nor transferable 所有會費恕不退還或隨意轉讓
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For Office Use Only 辦事處專用
Membership No. _____ Expiry Date _____
Receipt No. _____ Amount Received _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Staff/volunteer Initial _____ - Date _____