



## Membership application form 會員申請表

Name of applicant 申請人姓名: \_\_\_\_\_ Gender 性別: \_\_\_\_\_

Correspondence Address 通訊地址: \_\_\_\_\_

\_\_\_\_\_

E-mail address 电子邮箱: \_\_\_\_\_

Contact phone no. 聯絡電話: \_\_\_\_\_

Profession/ specialty 專業/ 專長: \_\_\_\_\_

I will be interested in participating in the following Foundation activities 我有興趣參與本會如下活動:

a.  volunteer 義工: (indicate areas of interest 注明興趣) \_\_\_\_\_

b.  donation 捐款: Please fill in the donation appeal form 请填写募捐表

c.  contributing ideas 提供意見: \_\_\_\_\_

Payment of annual membership fee (HKD100) 付會員年費 (港幣 100 元):

Cheque no. 支票號碼: \_\_\_\_\_

Amount 支票金額: \_\_\_\_\_ Bank 銀行名稱: \_\_\_\_\_

Signature 申請人簽署: \_\_\_\_\_ Date 日期: \_\_\_\_\_

(Please send the completed application form with the cheque to 请将填妥之申請表连同支票寄往:

Cerecare Foundation Ltd., Room 1501-8, 15/F, Tai Yau Building, 181 Johnston Road, Wanchai, Hong Kong 致康基金會有限公司, 香港灣仔庄士敦道 180 号, 大有大厦 15 楼 1501-8 室

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| Approval<br>批核                                      | Name and membership NO.<br>會員姓名及編號 | Date of approval<br>批核日期 |
|---|------------------------------------|--------------------------|
| Accept application<br>接受申請 <input type="checkbox"/> |                                    |                          |
| Reject application<br>不獲申請 <input type="checkbox"/> |                                    |                          |