



**For Official Use Only**

Membership No.:

Payment: Y/N(Amt: \_\_\_\_\_)

**MEMBERSHIP APPLICATION FORM (会员申请表格)**

APPLICANT'S PARTICULARS 个人资料		
Name As in NRIC/ Passport (名字显示在登记) <small>For members below 12 years old, kindly state your parent's name in (bracket)</small>	Gender (性别) <input type="checkbox"/> Male (男) <input type="checkbox"/> Female (女)	Photo (照片)
NRIC/Passport Number (登记或护照号码)	Nationality (国籍)	
Date of Birth - D/M/Y (誕生日 - 日/月/年)	Race (宗族)	
eMail Address (电邮地址)	Religion (信仰)	Marital Status (身份) <input type="checkbox"/> Single (单身) <input type="checkbox"/> Married (已婚)
Home Address (住家地址)	Home Tel (住家号码)	Mobile Tel (手机号码)
Occupation (职业)	Name of Company / School (公司或 学校名称)	
Interests / Hobbies (兴趣 / 爱好)	Language / Dialect (语言 / 方言)	
	Written (写) _____	
	Spoken (说) _____	
<input type="checkbox"/> Please keep me updated of all volunteering opportunities at HCC. 请让我知道丰收所有志愿服务的机会。		
TERMS OF AGREEMENT (协议条款)		
1. The abovementioned information is correct and true to the best of my knowledge. If the information is found to be untrue, my membership may be terminated without prior notice. I will notify HCC promptly, should there be any change in my particulars. 据我所知上述资料是正确的和真实的。如有任何不真实, 我的会员身份可能会被终止, 恕不另行通知。如我的个人资料有任何变动, 我将及时通知丰收。		
2. I agree to abide by the Constitution of Harvest Care Centre (HCC). 我同意遵守丰收关怀中心的宪法。		
3. It is my responsibility to pay my annual membership to order to continue to enjoy the privileges. 我将准时支付我每年的会员费, 以便享受会员资格及特权。		
4. No refund or pro-ration of membership fee under any circumstance. 在任何情况下, 会员费是不易退款。		
5. I understand that the approval of my application is subject to the consideration of HCC. 我知道会员申请必须得到丰收审批, 而此申请不代表我以是丰收会员。		
_____ Signature of Applicant (申请人签名)		_____ Date (日期)