

**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 (名字显示在身份证) <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)
Date of Birth - D/M/Y (生日 - 日/月/年)	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) _____	

TERMS OF AGREEMENT (协议条款)

1. The above-mentioned information is correct and true to the best of my knowledge. If the information is found to be untrue, HCC has the right to terminate my membership without prior notice. I agree to 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。若有任何不真实，我的会员身份可能会被终止，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. I understand that my personal data will be processed and managed in compliance with the Personal Data Protection Act 2012. By filling up and submitting this form, I am expressly consenting for Harvest Care Centre to collect, use, disclose and/or retain my personal data in the manner set forth in its Personal Data Protection Policy, which is available at <http://harvestcare.org.sg/pdf/HarvestCareCentrePDPP.pdf>

我了解丰收关怀中心 (HCC) 将会按照新加坡《个人资料保护法令》管理并妥善处理我的个人资料。填写和提交这表格即表示我明确同意依照 HCC 个人资料保护政策所列出的方式收集、使用、披露和/或保管我的个人资料。我知道我能够在以下的网址阅读 HCC 的个人资料保护政策：
<http://harvestcare.org.sg/pdf/HarvestCareCentrePDPP.pdf>

Signature of Applicant (申请人签名)_____
Date (日期)



CONSENT OF PARENT/LEGAL GUARDIAN OF MEMBER WHO IS BELOW 18 YEARS OF AGE
(18岁以下的会员 -父母/法定监护人的同意)

I hereby allow my son/daughter/ward* to be a member of Harvest Care Centre.
 我允许我的*孩子/监护人成为丰收关怀中心的会员。

I have received with full understanding and confirm that, where applicable, my *child/ward has obtained all consents and approvals necessary from me to participate in any activity.
 我已经收到了充分的理解并且确认，在适当的情况下，我的*孩子/监护人已经向我取得所有的同意及批准参加任何活动。

I hereby irrevocably undertake that I shall not, to the fullest extent permitted by the laws of Singapore, hold Harvest Care Centre, its staff, officers, or any of its authorized agents responsible for any damage to or loss of property or any injury or loss of life which may be sustained by my *child/ward during the his involvement or arising from any cause in connection with the involvement where such damage to or loss of property or any injury or loss of life is not caused by the negligence of Harvest Care Centre, its staff, officers, or any of its authorized agents.
 我在此不可撤销地承诺，我不会，由新加坡法律允许的最大范围内，持丰收关怀中心，工作人员，管理人员，或任何授权代理商承担我*孩子/监护人因参与或任何有关参与的。若伤害，损害，财产或生命损失不因丰收关怀中心，工作人员，管理人员，或任何授权代理商疏忽而造成的。

Parent's / Guardian's Name (家长/监护人姓名) : _____

Parent's Guardian's Contact No. (家长/监护人联络号码) : _____

 Signature of Parents / Guardian (家长/监护人签名)

 Date (日期)