



Tai Hang Residents' Welfare Association Tai Hang Youth Centre

Member Application Form

Please write in block letter

Chinese name	English name	Gender	Birth date (DD/MM/YYYY)	Mobile Tel	Home Tel
			/ /		
Address (Newsletter will send to this location)					
<p>Newsletters Channels: <input type="checkbox"/>Email _____ <input type="checkbox"/>By post <input type="checkbox"/>WhatsApp</p> <p><input type="checkbox"/>I do not want to receive (*By default, we will send the newsletter through emails)</p> <p>Educational Level: <input type="checkbox"/> Below Primary <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Associate / Higher Diploma <input type="checkbox"/> University or above</p> <p>Situation of Occupation: <input type="checkbox"/> Studying <input type="checkbox"/> Working <input type="checkbox"/> Waiting <input type="checkbox"/> Others : _____</p> <p>Comprehensive Social Security Assistance Scheme : <input type="checkbox"/>NO <input type="checkbox"/>YES Card no.: _____(Supporting documents are required)</p>					
In an emergency case, please contact: Name _____ Relationship: _____ Contact Tel: _____					

I have read the regulations and agree to abide by these regulations. I, hereby declare that the particulars given in this application are true in all details. °

Applicant's Signature: _____

Date: _____

Parent/Guardian's Signature: _____

(For applicant under 18years old)

For staff only

Membership Number: _____ Free \$29/annual \$15/semi-annual

Receipt Number: _____ Staff's Signature: _____ Date: _____