

New Membership 

新會員登記

Renewal of Membership 

會員續會

Information Update 

會員資料更新

<b>Membership No. :</b> 會員號碼	<b>Registration Date:</b> 登記日期	(M)月	(D)日	(Y)年
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Miss 小姐 Ms. 女士 Mrs. 太太 Mr. 先生 Name 英文姓名: \_\_\_\_\_ 中文姓名: \_\_\_\_\_  
First Name 名 Last Name 姓

Age Group 年齡組別 Under 16 | 16-19 | 20-24 | 25-34 | 35-44 | 45-54 | 55-59 | 60-64 | Over 65

Membership Fee 會籍年費:

19 yr or under 歲或以下 / (\$10) 20 yr to 59 yr 歲 / (\$20) 60 yr or Over / 歲或以上(\$10) 

Residential Address 住宅地址:

Street 街 City 城市 Province 省份 Postal Code 郵區號碼

Mailing Address 郵寄地址: (if different from residential address above 若與住宅地址不同)

Street 街 City 城市 Province 省份 Postal Code 郵區號碼

Contact Phone No. 聯絡電話: \_\_\_\_\_ Email 電郵: \_\_\_\_\_

Language(s) used 常用語言: Cantonese 粵語  Mandarin 國語  English 英語  Others 其它 \_\_\_\_\_

S.U.C.C.E.S.S. respects the privacy of its members. We collect and use members' information for administering the membership program within S.U.C.C.E.S.S. organizations and we will not disclose members' information to any third party without members' consent.

中僑互助會尊重會員隱私。會員資料應用於中僑互助會機構內的會員服務。未經會員本同意本會絕不透露會員的資料於第三者。

S.U.C.C.E.S.S. Membership fees are **non-refundable**. 中僑會費不設退款。

Hereby, I give consent to S.U.C.C.E.S.S. to use my personal information provided herein for administering the membership program within S.U.C.C.E.S.S. organizations.

我同意中僑互助會收錄我的上述各人資料，應用於中僑互助會機構內的會員服務用途。

Signature 簽名: \_\_\_\_\_ Date 日期: \_\_\_\_\_

**Complete the membership registration form and enclose a cheque for membership dues payable to S.U.C.C.E.S.S. Send it to the address below:**

請填妥登記表格連同支票，支票抬頭寫上〔中僑互助會〕，寄回以下地址：

**S.U.C.C.E.S.S. Membership Program**  
28 West Pender Street  
Vancouver, BC  
V6B 1R6

**Please indicate the purpose to join membership**  
請說明入會目的

To support S.U.C.C.E.S.S. 支持中僑

To join S.U.C.C.E.S.S. programs 參加中僑活動

To enjoy membership benefits 享受會員優惠

Others 其它: \_\_\_\_\_

For Office Use Only 職員專用						
<b>Registration Date:</b>	(M)	(D)	(Y)	<b>Expiry Date</b>	(M)	(D) (Y)
<b>Number of year(s) :</b>	<b>Amount Paid:</b>			<b>Receipt No.:</b>		
<b>Application Office:</b>	<b>Department and/or Program:</b>			<b>Staff Name:</b>		

For membership inquires please contact Membership Office at 604-408-7249 如有任何查詢，請致電：604-408-7249 會員辦事處。