



100 Campbell Ave., Unit 9, Kitchener, ON N2H 4X8  
519-576-6168

# Membership Form 會員申請表

New Application 新會員申請

Renewal 會員更新

<b>Principal Member 會員</b>			
First Name 英文名:		Last Name 英文姓:	
Title 稱號: Mr./Mrs/Ms./Miss	中文姓名:		Date 入會日期:
*Year of Birth 出生年份		Sex 性別	
Membership: <input type="checkbox"/> Family 家庭 \$30 <input type="checkbox"/> Individual 個人 \$20 <input type="checkbox"/> senior 長老 \$5 <input type="checkbox"/> Student 學生 \$5			
Address 地址			
City 城市	Province 省	Postal Code 郵政編碼	Phone 電話
Cell 手機	Fax 傳真	E-mail 電郵	
Language 語言 <input type="checkbox"/> English 英語 <input type="checkbox"/> Cantonese 廣東話 <input type="checkbox"/> Mandarin 普通話 <input type="checkbox"/> Others 其他			
Receive Bulletin & newsletter by <input type="checkbox"/> mail 郵寄 <input type="checkbox"/> E-mail 電郵 <input type="checkbox"/> Pick up at Centre 拿取 接受通訊 <input type="checkbox"/> website: www.coccc.net 互聯網 <input type="checkbox"/> No need 不需要			
Special Interests 興趣		Willing to Volunteer: <input type="checkbox"/> Yes 是 願意為義工 <input type="checkbox"/> No 否	

Family Member ( for family membership only)								
Title 稱號	First Name 名字	Last Name 姓	Chinese Name 中文名	M/F 性別	Year of Birth 出生年份	Relationship 關係	Language 語言	Interest 興趣

For new application, please fill in all field. For renewal/update, please put down name, telephone number and any changes.  
**新會員**請填寫在所有領域, **舊會員**如有其他更改, 請通知文化中心

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**Office Use:** Membership Number \_\_\_\_\_ Date: \_\_\_\_\_  
 Membership Fee: \$ \_\_\_\_\_ Cash/ Cheque Received by \_\_\_\_\_  
 Data entries by: \_\_\_\_\_ Date: \_\_\_\_\_  
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**Temporary Receipt** COCCC Membership Application/ Renew  
 Received from \_\_\_\_\_ \$ \_\_\_\_\_ Cash/Cheque  
 Date: \_\_\_\_\_ By \_\_\_\_\_ (Print)