



# MARKHAM CHINESE CULTURE CENTRE 萬錦市加華聯會文化中心

28 South Unionville Ave, Unit 2102, Markham, ON L3R 4P9 TEL: (905)946-1137

## Membership Application Form 會員申請表

☐ 新會員 New Member ☐ 舊會員 ☐ 會員年費十二元 Yearly Membership \$12/yr

姓名 Name \_\_\_\_\_

英文 English

中文 Chinese

性別 Gender ☐ 男 Male

☐ 女 Female

住址 Address \_\_\_\_\_

St. No. 門牌號數

Street 街名

單位號碼 Unit No.

City 市 (鎮)

Province 省

Postal Code 郵遞號碼

Tel: 電話號碼: Office 辦公 \_\_\_\_\_ Residence 住宅 \_\_\_\_\_

Cell Phone 手提: \_\_\_\_\_ Fax 傳真: \_\_\_\_\_

The following information is for statistic purposes: Answers are voluntary.

以下資料為統計用,填寫與否悉隨專便

Occupation 職業 \_\_\_\_\_ Date of birth 出生日期 \_\_\_\_\_

If interested in FCCM Cultural Center Volunteer Program, Please tick your interest item(s)

如有興趣參與本中心義務工作, 請在下列 適當的項目中加註

☐ Reception 中心接待 ☐ Clerical 文書 ☐ Art work 美工 ☐ Translation 翻譯

☐ Interest Group Instruction 興趣組導師 ☐ Special event 特別活動 ☐ Others 其他

**Note:** Participants should note that the Federation is not liable for any personal injury and/ or loss of property while in the FCCM premises, or when attending an interest class.

請注意: 會員須自顧安全,如在中心內有任何身體損傷或財物損失, 本會概不負責

In Case of emergency, please give us the name and telephone number of a person who speaks English whom we could contact. 如有緊急請通知(可說英語的人士)

姓名 Name \_\_\_\_\_ Tel No 電話號碼: \_\_\_\_\_

**Waiver:** I release and discharge FCCM and all other sponsors from any claims, injuries, losses of liabilities suffered or incurred as a result of my participation in the FCCM course.

本人願意負責任何因為參與中心活動及學習而導致損傷或損失,或任何後遺症,都是與萬錦市加華聯會文化中心無關。

Member's Signature 會員簽名 \_\_\_\_\_ Date 日期: \_\_\_\_\_

Remarks: The Board of Directors of FCCM reserves all rights to approve any application.

註: 所有入會申請需經過董事會核準. 本會保留所有決定權

支票抬頭請寫 Cheque payable to FCCM

All fees are not refundable nor transferable

所有會費恕不退還或隨意轉讓

For Office Use Only 辦事處專用

Membership No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

Receipt No. \_\_\_\_\_ Amount Received \_\_\_\_\_ ☐ Cash ☐ Cheque

Staff/volunteer Initial \_\_\_\_\_ Date \_\_\_\_\_