



卡城華人耆英會會員申請表

Calgary Chinese Elderly Citizens' Association

Membership Application Form

會費計算日期：每年1月1日至12月31日

Membership Duration: January 1 – December 31

會員編號 Membership No.: _____

卡號 Card No.: _____

日期 Date: _____

閣下是否亞省永久居民？ Are you a permanent resident of Alberta? 是 Yes 否 No

本人申請：新會員 續會 臨時會員
I apply for: New Membership Renewal Temporary Membership

中文姓名： _____ 英文姓名： _____
Chinese name: _____ English name: _____

申請新或臨時會員必須填寫所有信息。 New or temporary members must fill in all information.
續會之會員，請填寫有變動之資料。 For renewal, only fill in information that have been changed.

出生日期： _____ 性別：女/男 家庭電話： _____
Date of Birth: _____ Sex: F/M Home Phone No.: _____

電子郵件： _____ 手提電話： _____
Email: _____ Cell Phone No.: _____

使用語言：粵語 國語 英語 其他
Languages: Cantonese Mandarin English Others _____

地址： _____ 郵政編號 _____
Address: _____, Calgary, AB. Postal Code: _____

有興趣做義工嗎？ Interested in volunteer work? 有 Yes 否 No

緊急聯絡人 Emergency contact:

姓名： _____ 關係： _____ 聯絡電話： _____
Name: _____ Relationship: _____ Phone Number: _____

本人明確了解參與由卡城華人耆英會及其代理人、義工、職員提供的活動、義工服務及旅遊服務之風險是由本人個人承擔，由此導致或與之相關的任何身體及物資損失，損壞，受傷，死亡或財物損失，耆英會及其代理人、義工、職員概不負責。

I am aware that it is a condition of participation in any program, volunteer service or travel provided on behalf of The Calgary Chinese Elderly Citizens' Association (CCECA), its agents, volunteers, and employees that the participant does so at their own risk. CCECA, its agents, volunteers or employees are not liable for any physical or material loss, damage, injury, loss of life or cost resulting from, or in connection with such participation.

本人同意卡城華人耆英會就課程、活動、項目及耆英會服務相關之事宜聯絡本人。

I understand that CCECA will contact me for classes, events, programs and other purposes related to services provided by the center.

本人同意凡參加卡城華人耆英會活動所拍攝之個人照片和影像歸耆英會所有，可作耆英會服務宣傳之用。

I agree that photos and videos taken of me during participation in any activity provided by CCECA are properties of CCECA and may be used for promotional purposes.

申請人簽署： _____ 申請日期： _____
Signature: _____ Date: _____

見証人簽署： _____ 見証人姓名： _____
Signature of witness: _____ Name of witness: _____