



Chiu Chow Benevolent Association of B.C. Canada
加拿大卑詩省潮州會館

Suite 1265-3779 Sexsmith Road, Richmond, B.C. V6X 3Z9
Tel: (604)-270-1008 Fax: (604)-270-1808 Web: http://chiuchow.bc.ca

會員申請表

Membership Application Form

英文姓名 _____ 中文姓名 _____
Name in English: _____ (Mr./Mrs./Ms) Name in Chinese: _____ (先生/小姐/女士)

Mailing Address: _____ Postal Code: _____

Tel: Home: _____ 工作 _____ 手機 _____ 傳真 _____
Work: _____ Cell: _____ Fax: _____

電郵地址 _____ 職業 _____
Email Address: _____ Occupation: _____

Company: _____ 業務性質 _____
Nature of Business: _____

出生日期(可選) _____
Date of Birth (Optional): _____ Applicant's City of Origin in China: _____

If applicant's City of Origin is not Chiu Chow, spouse's City of Origin in China: _____

配偶的英文名 _____ 中文姓名 _____
Spouse's Name in English: _____ Name in Chinese: _____

申請會類 (請檢查一個)

Type of Membership applied for (please check one):

永久會員 _____ 普通會員 _____

Permanent Member* (\$250 per member) Ordinary Member (\$50 per member)

*Permanent members have board voting rights

Please enclose with this application form a cheque in the appropriate amount payable to "Chiu Chow Benevolent Association of B.C. Canada"

Referred by (Name of Existing Member): _____

I hereby agree to uphold the constitution of the CCBA and observe and comply with the bylaws of the CCBA, unless otherwise notified by me in writing. I hereby consent to CCBA releasing information items 1 to 8, and 11 hereof to other members of CCBA or the internet.

申請人簽名 _____ 日期 _____
Applicant's signature: _____ Date: _____

For Official Use Only

接受申請 _____ 拒絕申請 _____
Membership Accepted: No. _____ Membership Rejected:

Date Approved by Board: _____ Signed by VP (Membership): _____

Membership Fee received by (Treasurer): _____ Amount (\$): _____