



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 (Mr./Ms./Mrs.) _____ 中文姓名(先生/小姐/女士) _____
Name (English): _____ Name (Chinese): _____
郵寄地址 _____ 郵編 _____
Mailing Address: _____ Postal Code: _____
電話 家 _____ 工作 _____ 手機 _____
Tel Home: _____ Work: _____ Cell: _____
電郵地址 _____ 職業 _____
Email Address: _____ Occupation: _____
公司名稱 _____ 業務性質 _____
Company Name: _____ Nature of Business: _____
出生日期 (自願填寫) _____ 申請人/潮屬籍貫 (汕頭/潮州/揭陽) _____
Date of Birth (Optional): _____ City of Ancestral Origin in Chaoshan, China: _____

若申請人非潮籍，配偶必須為潮州會館會員。

If applicant is not ethnic Chaoshan, the spouse must be a member of CCBA.

配偶英文姓名 _____ 中文姓名 _____
Spouse's Name (English): _____ Name (Chinese): _____

申請會籍 (請選擇一項) Type of Membership applied for (please check one):

永久會員 普通會員

Life Membership* (\$250 per person) Ordinary Membership (\$50 per person)

*永久會員有權參選理事 *Life member is eligible for Board nomination.* *

請同時附上申請表及支票，支票抬頭請寫“Chiu Chow Benevolent Association of B.C. Canada”
Please enclose with this application form and a cheque payable to “Chiu Chow Benevolent Association of B.C. Canada”

推薦人 (現任會員) Referred by (Name of Member): _____

我同意及支持潮州會館所立的憲章，並遵守各項準則 (可向本會查詢)。若有活動或推廣潮州文化，我同意潮州會館釋放本人基本資料 (名字，電話及電郵) 給其他潮州會館會員。

I hereby agree to uphold the Constitution of Chiu Chow Benevolent Association of BC Canada (CCBA) and to observe and comply with the bylaws of CCBA (Available upon request) .
I hereby consent to CCBA sharing my basic information (name, contact number and email address) with other members of CCBA for the purpose of promoting the activities and function of CCBA.

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

理事會專用 For CCBA Use Only

接受申請 拒絕申請
Membership Accepted: Membership Rejected:
理事會通過日期 _____ 會員組/副會長簽名 _____
Date Approved by CCBA Board of Directors _____ Signed by VP-Membership: _____
會費接收人-財務 _____ 金額 _____
Membership Fee received by Treasurer: _____ Amount (\$): _____