



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 _____
Date of Birth (Optional): _____ City of Ancestral Origin in Chiu Chow, China: _____

若申請人非潮籍，配偶必須為潮州會館會員。

If applicant is not ethnic Chiu Chow, 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 (\$): _____