

会员申请表 APPLICATION OF MEMBERSHIP

档案编号 File No:

姓 Surname		出生日期 Date of Birth	
名 First Name		性别 Gender	男 女 Male Female
家庭住址 Home Address			
联系电话 Phone No.			
电子邮箱 Email			
微信号 WeChat			
<p>申请人声明：表内所填完全属实，我自愿加入奥克兰长者互助关爱协会/Howick 华人协会，接受其章程，并遵守协会所定的守则。</p> <p>申请人签名： _____ 申请日期： _____</p> <p>Applicant's declaration: I have voluntarily accepted the rules of Auckland Seniors Support and Caring Group Incorporated/Howick Chinese Association and accepted the charter and abide by the code of the Group established by the Group.</p> <p>Signature of Applicant: _____</p> <p>Date of Application: _____</p>			
审核意见 Official Approval	责任人签字： _____ 年 ____ 月 ____ 日 Signature of Officer: Date of Approval:		