



The Chung Wah Association Inc.

Membership Application Form 入会申请表

Please complete all sections in block letters and return the form to 请把填好的表格寄到:
By Post: PO Box 73, Northbridge WA 6865 or By Email: chungwah@chungwah.org.au or By Fax: 08 9227 5694

Membership No.

YOUR PERSONAL DETAILS | 您的个人资料

Title | 称呼

Surname | 姓

Given Name | 名字

Date of Birth | 出生日期

Address | 地址

Suburb | 区

Post Code | 邮区编号

Mobile | 手提电话

Telephone | 电话号码

Email Address | 电邮地址

Occupation | 职业

Nationality | 国籍

Country of Birth | 出身国家

Are you or your spouse of Chinese descent?

您或您的配偶是否华侨或华裔?

You | 您 Yes | 是 No | 否

Spouse | 配偶 Yes | 是 No | 否

Are you or your spouse Australian citizens or permanent residents?

您或您的配偶是否澳洲公民或永久居民?

Yes | 是 No | 否

Under the Chung Wah Constitution, you can only become an **Ordinary Member** if you are a citizen or permanent resident of Australia, otherwise you will be classified as an **Associate Member** who is not entitled to vote. The new member will be a **Provisional Member** and will become an **Ordinary Member** and be entitled to vote after one year (12 months) provisional period.

根据中华会馆章程规定, 只有您是澳大利亚公民或永久居民, 才能成为**普通会员**, 否则您将只能成为**准会员**, **准会员**没有投票权。新加入的会员将成为**临时会员**, 一年(12个月)的临时期结束后, 将成为**普通会员**并拥有投票权。

FOR OFFICE USE ONLY 会馆专用

ORDINARY 普通 PROVISIONAL 临时 ASSOCIATE 准会员

YOUR APPLICATION | 您的申请

Please select one | 请选择您的适用类别:

- Standard Single membership | 普通单身会员 \$25 per year
- Standard Family membership | 普通家庭会员 \$35 per year
- Concessional Single membership | 优惠单身会员 \$10 per year
- Concessional Family membership | 优惠家庭会员 \$20 per year
- Associate membership(organisations) | 企业/协会 会员 \$220 per year

If applying for concessional, please indicate category & provide evidence:

如果您申请优惠, 请注明适用类别并提供证明:

- 60 years or over | 60 岁以上
- Healthcare or Pension Card holder | 持有健康照顾卡或养老保险卡
- Full time student | 全职学生

If applying for family membership, please provide details of your family: 如果您申请的是家庭会员, 请填写家庭成员的资料:

Spouse's Surname | 配偶的姓

Spouse's Given Name | 配偶的名字

Name of Children Under 18 years old | 十八岁以下孩子的姓名

No.	Surname 姓	Given name 名字
1		
2		
3		

Application must be supported by two current ordinary members:

您的申请必须得到两位当前“普通会员”的推荐:

Proposer's Name | 提议人姓名

Membership No.

Proposer's Signature | 提议人签名

Seconders Name | 附议人姓名

Membership No.

Seconders Signature | 附议人签名

Note: Membership fee is not refundable if a member decides to withdraw their membership.

请注意如果会员决定取消会籍, 已交付的会员费概不退还。

I would like to opt-out to give consent to the Association to send promotional materials and commercial electronic message on Chung Wah activities, corporate sponsors to promote their product & services and latest updates. 我不希望接收任何由会馆发出的有关中华活动、企业赞助、广告商及社区活动更新的宣传资料。 Yes | 是 No | 否

Declaration:

I hereby declare that all the information provided by me in this form is true and accurate. 我保证在本表格中填写的信息真实和准确。

Applicant's Signature | 申请人签名 Date | 日期: / /