The Chung Wah Association Incorporated

Membership Application Form 入会申请表格

128 James Street, Northbridge WA 6003 | PO Box 73, Northbridge WA 6865 | 08 9328 8657 | chungwah@chungwah.og.au

Office Use
Chung Wah
Membership No

YOUR PERSONAL DETAILS | 您的个人资料

Title | 称呼： ☐ Mr 先生 ☐ Mrs 太太 ☐ Ms 女士 ☐ Miss 小姐
☐ Dr 博士/医生 ☐ Other 其他 _____

Surname | 姓 (as per passport name 按照护照)

Given Name | 名字 (as per passport name 按照护照)

Date of Birth | 出生日期 (d d m m y y y y)

Name in Chinese 中文姓名

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

Country of Birth | 出身国家

Nationality | 国籍

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 an Australian citizen or permanent resident?
您或您的配偶是否澳洲公民或永久居民？
You | 您 ☐ Yes | 是 ☐ Australian Citizen ☐ Permanent Resident
Spouse | 配偶 ☐ Yes | 是 ☐ Australian Citizen ☐ Permanent Resident

☐ Face-to-face identification by authorised Chung Wah personnel
☐ Please present relevant ID documentary proof 请当面出示相关证明

Australian Passport Number | 澳大利亚护照号码

Australian Driver's License Number | 澳大利亚驾照号码

P.R. Visa Number | 永久居民签证号码

Visa Class | 签证类别

Office Use Only 会馆专用 **Officer Name**

☐ Passport sighted & Visa details entered ☐ Driver's License sighted
☐ Ordinary 普通 ☐ Provisional 临时 ☐ Associate 准会员
☐ OS ☐ OSP ☐ OF ☐ OFP ☐ AS ☐ ASP ☐ AF
☐ AFP ☐ AC **Remarks:**

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 | $30 per year
☐ Standard Family membership | 普通家庭会员 | $40 per year
☐ Concessional Single membership | 优惠单身会员 | $15 per year
☐ Concessional Family membership | 优惠家庭会员 | $25 per year
☐ Associate Membership (Corporate) | 企业会员 | $300 per year

If applying for concessional, please indicate category and 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 ☐ Full time student | 全职学生
☐ Healthcare or Pension Card holder | 持有健康照顾卡或养老保险卡

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

Date of Birth | 出生日期 (d d m m y y y y)

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				
4				

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 会员编号 Proposer's Signature | 提议人签名

Seconder's Name | 附议人姓名

Membership No 会员编号 Seconder's 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 update. 我不希望接收任何由会馆发出的有关中华会馆的活动、企业赞助、广告商及社区活动更新的宣传资料。

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:** / /