

MACAO CLUB (TORONTO) INC

多倫多澳門會

ASSOCIATE MEMBER APPLICATION FORM

聯繫會員申請表格

Applicant Information 申請人資料

First Name: 姓名:	Last Name: 姓氏:	Chinese Name: 中文姓名:
Date of birth 出生日期:	Sex 性別:	Phone 電話:
Email 電郵:		
Address 居住地址:		
City 城市:	Province 省份:	Post Code 郵政編號:
Education 學歷:	Occupation 職業:	Hobby 嗜好:
Company 公司:		

SPOUSE INFORMATION IF JOINT MEMBERSHIP 配偶資料

First Name: 姓名:	Last Name: 姓氏:	Chinese Name: 中文姓名:
Date of birth 出生日期:	Sex 性別:	Phone 電話:
Email 電郵:		

OTHER FAMILY MEMBER INFORMATION (UNDER 18 AGE) 18歲以下家屬資料

Name 姓名:	
Date of birth 出生日期:	Sex 性別:
Name 姓名:	
Date of birth 出生日期:	Sex 性別:

Sponsored by member 推薦會員資料

Name 姓名:	Phone 電話:
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I agree to comply with the Corporation's articles, By-laws, policies, procedures, rules and regulations.

本人同意遵守多倫多澳門會的章程，附例，政策，程序，規章制度。

Signature of applicant 申請人簽署:	Date 日期:
Signature of spouse 配偶簽署:	Date 日期:

For Office Use Only 由多倫多澳門會填寫

Received By 經手人:	Approved By 核准:	Date 日期:
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