9540 - 102 Avenue, Edmonton AB T5H 0E3 Tel: (780) 424-8124 Fax: (780) 426-4430 E-mail: ecmcc@telusplanet.net Website: www.ecmccedmonton.org

Membership No. _____ 會員證號碼

MEMBERSHIP APPLICATION FORM 會員申請表

1.	Please select one: 請選擇其一	
	□ Individual Membership(\$5.25) 個人會員	□ Family Membership(\$10.50) 家庭會員
2.	Name:	
	姓名 English(英文)	Chinese(中文)
3.	E-mail Address:	\square Receive notifications for activities.
	電郵	是否願意接收中心活動信息
4.	Telephone No. (Cellphone)	(Home)
	電話 (手機)	(家庭)
5.	Address:	Postal Code:
	地址	郵區號碼
6.	If applying for Family Membership: 如申請家庭成員	
	Name of Spouse:	
	配偶姓名 English(英文)	Chinese(中文)
	Name(s) of Child(ren):	
	孩子姓名	
7.	Are you willing to become one of our volunteer?	□Yes □No
	閣下是否願意成為本中心義工?	□是 □否
8.	Signature of Applicant:	_ Date:
	申請人簽名	- 日期

By Law Number 8 – Membership Application:

(A prospective Member must fill in an application to be reviewed and approved by the Board and pay the required membership due to become Adult or Family Member.

*MEMBERSHIP FEE NON-REFUNDABLE.