



Chinese Canadian National Council (London Chapter)

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*Membership Form -

New Application 入會申請 /

Renewal 資料更新

Principal Member 會員			
First Name 英文名:		Last Name 英文姓:	
Title 稱號 : Mr./Miss/Mrs./Ms./Dr.	中文姓名:		Date Joined 入會日期:
#Year of Birth 出生年份:	Senior 長者: <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		Sex 性別: <input type="checkbox"/> M 男 <input type="checkbox"/> F 女
Membership 會籍: <input type="checkbox"/> Individual 個人\$10 <input type="checkbox"/> Family 家庭\$15 <input type="checkbox"/> Senior 長者 Free <input type="checkbox"/> Student 學生\$5			
Address 地址:			
City 城市:	Province 省份:	Postal Code 郵政區碼:	E-mail 電郵:
Phone 電話:	Alt. Phone 次電話:		Fax 傳真:
Dialect 方言: <input type="checkbox"/> English 英 <input type="checkbox"/> Cantonese 粵 <input type="checkbox"/> Mandarin 國語/普通話 <input type="checkbox"/> Other 其他:			
Receive bulletin & newsletter by: 收取會刊和會訊方式	<input type="checkbox"/> Mail 郵寄 <input type="checkbox"/> E-mail 電郵 <input type="checkbox"/> Pick up at Chinese School 在中文學校拿取 <input type="checkbox"/> website:www.londonccnc.ca 互聯網 <input type="checkbox"/> No need 不用		
Special Interests 興趣:		Willing to volunteer: 願意當義工	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

Family Members (for family membership) 家屬 (家庭會籍)								
Title 稱號	First Name 英文名	Last Name 英文姓	Chinese Name 中文姓名	M/F 性別	#Year of Birth 出生年份	Relationship 關係	Language 方言	Interests 興趣

*For new application, please fill in all fields. For renewal/update, please put down name, telephone number and any changes.
入會申請者請填寫各項, 資料更新者請寫下姓名電話號碼及更改事項

Optional - for us to serve you better 可選擇作答與否 - 以助我們提供更適合你的服務

Office Use: Membership Number: _____ - Date: _____
 Membership Fee Collected - \$ _____ cash/cheque Received by _____
 Deposited by _____ Date: _____
 Data entries by _____ Date _____

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CCNC London Chapter - Membership Application/Renewal Temporary Receipt

Received from _____ \$ _____ in Cash / Cheque

Date: _____ By: _____ (Print & Initial)