



CULTURE
CONNECT
CHINESE
AUSTRALIA

MEMBERSHIP APPLICATION FORM 会员申请表

Title 称号: _____ Surname 姓: _____ Given Name 名: _____

Name in Chinese 中文姓名: _____

Gender 性别 _____ DOB (dd/mm/yyyy) 生日 (日 / 月 / 年): _____

Home address 住址: _____

Postal address 邮寄地址: _____

CONTACT 电话号码 _____ WeChat ID 微信帐号: _____

Home Phone 家里电话: _____ Mobile 手机: _____

Email address 电邮: _____

Membership Type 会员类别:

Individual 个人: \$15 for 1 year 年会员费 澳元 _____

Family 家庭: \$45 for 1 year 年庭会员费 澳元 _____

Family members details 家庭成员:	DOB 生日		
Name 姓名	Gender 性别	(dd/mm/yyyy)	Hobbies 爱好
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's signature 申请人签名: _____ Date 日期: _____

IMPORTANT

-This form must be filled in electronically where applicable, submitted and **"printed out & hand signed"** at each of the required signature fields.

-Then scanned (or photographed) and emailed back as proof of validation of signature.