



愛城江浙滬華僑聯誼會

East China Immigrants Society of Edmonton
#102, 9333 45 Ave. NW, Edmonton, AB T6E 5Z7 Canada

<http://www.ecise.ca>
Wechat:ECISE-Canada

MEMBERSHIP APPLICATION (會員申請表)

APPLICANT INFORMATION (申請人資料)

English Name(英文姓名):		Chinese Name(中文姓名):	
Preferred Salutation (称呼): <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____		Phone(preferred with answering machine) (电话号码):	
Current address(现住地址):			
City(市):	Province(省):	Postal Code(邮政编码):	
Birth Date: yyyy/mm/dd (生日): / /		Email (电子邮件地址)/Wechat ID(微信号):	

PERSONAL PREFERENCE/HOBBIES (个人的喜好/愛好)

Preference/Hobbies(业余爱好): <input type="checkbox"/> Singing/Music <input type="checkbox"/> Sport <input type="checkbox"/> Art <input type="checkbox"/> Dance/Performance <input type="checkbox"/> Travel <input type="checkbox"/> Social <input type="checkbox"/> Health <input type="checkbox"/> Cosmetic <input type="checkbox"/> Other _____	
Preferred date (首选日期): <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	Duration(长短): <input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours <input type="checkbox"/> 3 hours <input type="checkbox"/> Other
Preferred time(首选时间): <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	

EMERGENCY CONTACT (应急联络人)

Name of a relative not residing with you(应急联络人姓名):		
Address(地址):		Phone(电话号码):
City(市):	Province(省):	Postal Code(邮政编码):
Relationship (与您的关系):		

SIGNATURE (签名)

Signature of applicant(申请人签名):
Date(日期):

Note: The life time membership fee for the East China Immigrants Society of Edmonton is \$10. (Etransfer: contact.ecise@gmail.com, cash or cheque payable to East China Immigrants Society of Edmonton)

Be free to have multiple selections on "PERSONAL PREFERENCE/HOBBIES"