

團體會員入會/續會申請表

CLUB MEMBERSHIP APPLICATION / RENEWAL FORM

會籍有效期為每年9月1日至翌年8月31日

MEMBERSHIP VIOLET FROM 1ST SEPTEMBER TO 31ST FOCUS OF THE FOLLOWING YEAR

注意事項 Notes

- 申請表格內的資料必須全部填妥，否則該申請將不獲受理。
This form must be fully completed. Application form with missing or inaccurate information will be rejected
- 本會收集及保存個人資料將作為跟進及處理會籍申請及相關之行政的用途。所有提供之資料，本會將按照香港特別行政區《個人資料（私隱）條例》的規定處理。如欲更正或查閱資料請與本會辦事處聯絡。 Applicants' personal data is collected and kept for processing the application for membership and related administration purposes. The data provided will be handled in accordance with the provisions of the Personal Data (Privacy) Ordinance of the HKSAR. For correction or access to personal data collected by means of this form, please contact us.

團體資料 Club Information

申請類別 Application Category :

團體會員 Club Member 觀察屬會會員 Affiliated Club Observer 屬會會員 Affiliated Club Member

團體名稱 中文 _____
Name of Organization English _____
通訊地址 中文 _____
Correspondence Address English _____

備註 Note: 團體會員的會籍不可轉讓，並只由該團體擁有，不可供其他母公司、子公司或相關團體使用。團體人事變動並不會影響其會籍狀態。 The Club Membership is not transferable and cannot be used by other organizations from the same group, its subsidiaries, or related companies. Changes in representatives do not affect their membership status.

團體聯絡人資料 Contact Persons Information

團隊代表 Club Representative / First Contact Person 第一位聯絡人 (請刪去不適用者 Please delete where inappropriate)*

稱謂 Salutation* 先生 Mr 小姐 Ms 女士 Mdm 博士 Dr
中文姓名 Name in Chinese _____ 英文姓名 Name in English _____
出生日期 (Date of Birth YYYY-MM-DD) _____ 會員編號 Membership Number _____
聯絡電話 Contact No. _____ 電郵 Email _____
職銜 Job Title 中文 _____ English _____

Second Contact Person 第二位聯絡人 (請刪去不適用者 Please delete where inappropriate)*

稱謂 Salutation* 先生 Mr 小姐 Ms 女士 Mdm 博士 Dr
中文全名 Name in Chinese _____ 英文全名 Name in English _____
出生日期 (Date of Birth YYYY-MM-DD) _____ 會員編號 Membership Number _____
聯絡電話 Contact No. _____ 電郵 Email _____
職銜 Job Title 中文 _____ English _____

確認及聲明 Acknowledgement and Declaration

1. 本會(以下簽署人)特此代表所屬團體申請成為香港閃避球總會(總會)的屬會會員，並同意遵守總會所訂立的規則。
We(the undersigned/stamped),on behalf of the representing organization, hereby, apply for membership of the Hong Kong Dodgeball Association(Association), and agree to abide by the rules and regulations of the Association.
2. 本會謹此聲明本申請表中所提供的資料全部真實及正確，所有提供的證明文件，為未經任何修改的副本。本會明白總會如發現本會提供任何虛假資料，可隨時取消或終止本會的會員資格。
We declare to the best of my knowledge that the information given in this application form is true and correct and all the supporting documents are true copies of the originals. We understand that false declaration will render me liable to disqualification or termination of membership by the Association.
3. 總會將向此表格所提供之聯絡資料發送，包括但不限於總會的活動、講座、培訓、獎項、調查和有關本會的資訊。如不欲接收此聲明中的本會資訊，請於空格內填上剔號 。
The personal data provided in this form will be used by the Association, including but not limited to the promotion (e.g. special offers and discounts) for Association's events, activities, training programs, awards, surveys, and other services that it may deploy. If you do not wish to receive such information as stated, please indicate your objection by ticking the box.

本會已細閱並同意上述聲明之全部資料。

We have read, understood, and agreed to all details of the above declaration.

團體蓋章 Club Chop

團體代表人簽署 Signature of club representative

日期 Date

Please send the completed form, required documents, and cheque/payment proof by post or email to the Association.
請將此表格、申請文件連同支票或以上付款方式收據郵寄或電郵至本會。

For Internal Use Only 僅供內部使用

Followed Up By	Payment (Received Date)	Registration Process
Remarks	Cheque <input type="checkbox"/> Cash <input type="checkbox"/> ATM/Bank Transfer <input type="checkbox"/>	Registration <input type="checkbox"/> Approval <input type="checkbox"/> Payment <input type="checkbox"/> Account Activation <input type="checkbox"/>

Tel 電話: (852) 5342 2559 Email 電郵: info@hkodgeball.com Website 網址: <https://www.hkdodgeball.org/>

地址: 葵涌業成街18號星星中心12樓07室

Address: 12/F, Suite 1207, The Star, 18 Yip Shing Street, Kwai Chung