

會員入會/續會申請表

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

NOTES 注意事項:

- 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.
- 你提供的個人資料，只作香港閃避球總會舉辦的各項活動報名事宜、統計、日後聯絡及活動意見調查之用。遞交申請表後，如欲更正或個人資料請與本會辦事處聯絡。The personal information provided by you will only be used for enrolment of activities organized by Hong Kong Dodgeball Association, future contact and opinion survey. For correction or access to personal data collected by means of this form, please contact Hong Kong Dodgeball Association.

TYPES OF MEMBERSHIP 申請會員類別

請在下列適當空格內加上✓ Please put a ✓ in the appropriate box below

	Ordinary Member 成人會員	Junior Member 青少年會員 (For application aged below 19 before 1st September of the membership year) 申請者於 會籍年度九月一日前必須為 19 歲以下
新會員 New Membership	港幣 HK \$200 HK \$100 Entrance Fee 入會費 + HK \$100 Annual Subscription 年費	港幣 HK \$80
續會申請 Membership Renewal	港幣 HK \$100 per annum (membership no. 會員號碼 _____)	港幣 HK \$50 (membership no. 會員號碼 _____)

PERSONAL DATA 個人資料

Name in English Last Name First Name
 英文名字 姓 _____ 名 _____

Name in Chinese (If applicable) HKID / Passport No.
 中文姓名(如適用) _____ 香港身份證/護照號碼 _____

Gender Male Female Date of Birth DD MM YYYY
 性別 男 女 出生日期 日____月____年____

電郵地址 Email _____ 手提電話 Phone No. _____

聯絡地址 Mailing Address _____

PAYMENT METHOD 付款方法

☐ Cash 現金 (請預約親臨本會辦理 Please make an appointment and pay in person)

☐ Bank transfer 銀行轉賬 Transfer Amount 金額 _____ Transfer Date 交易日期 _____

(需 WhatsApp 付費證明到本會號碼 5342 2559 Please send the payment proof to 5342 2559 through WhatsApp)

Transfer Information 轉賬資料: Receiving Bank 收款銀行 CMB Wing Lung Bank Ltd (020)

Account Number 戶口號碼 611 000 37698 不用輸入空格或橫線 No space or lines needed

Payee's Name 收款人姓名 Hong Kong Dodgeball Association Ltd

☐ Cheque 支票 Bank 付款銀行 _____ Cheque No. 支票號碼 _____

Please complete and return this form and send it with a crossed cheque (payable to: Hong Kong Dodgeball Association Limited) to Hong Kong Dodgeball Association Office (12/F, Suite 1207, The Star, 18 Yip Shing Street, Kwai Chung)

請填妥此表格連同劃線支票(抬頭請寫上 Hong Kong Dodgeball Association Limited)寄回香港閃避球總會辦事處(葵涌業成街 18 號星星中心 12 樓 07 室)

DECLARATION / PARENTAL CONSENT (for applicants aged below 18, this part must be completed by his/her parent or guardian)

聲明/ 家長或監護人同意書 (未滿 18 歲申請者需由家長/監護人簽名同意)

I declare that ** I am / _____ (applicant's name) is healthy, physically fit and suitable to participate in the Dodgeball League and /or other tournaments/activities. Hong Kong Dodgeball Association shall not be liable for any injury or death or loss the participant may suffer or incur arising from his / her participation in the Dodgeball League and /or other tournament/activities. All information given above is true, correct and complete. ** I / The applicant hereby agree to comply with the Terms, Rules and Regulation, and By-laws of the Association, which may refuse to accept this application without giving any reason therefore.

在此聲明**本人/ _____ (申請者姓名) 身體健康及體能良好，適宜參加閃避球聯賽或其他比賽/活動。如因參加閃避球聯賽或其他比賽/活動而引致傷亡或其他損失，香港閃避球總會無需負責。以上各項填報資料均屬真實，正確及完整。 **本人/申請者同意遵守香港閃避球總會之會章、會規及守則，香港閃避球總會有權拒絕本申請而無須給予任何原因。

申請者簽署 Applicant's Signature _____ 日期 Date _____

(To be completed by parent or guardian 由家長/監護人簽名同意)

Parent / Guardian's Name

Parent / Guardian's Signature

家長/監護人姓名 _____ 家長/監護人簽署 _____

聯絡電話 Contact No. _____ 電郵地址 Email Address _____

本人**同意/ 不同意接收香港閃避球總會有關本地或團隊閃避球活動之信息或宣傳資料

**請刪去不適用者

For Official Use		
Membership No. _____	Receipt No. _____	Date Received. _____