



循道衛理楊震社會服務處
油尖旺青少年綜合發展中心
YANG MEMORIAL METHODIST SOCIAL SERVICE
YAU TSIM MONG INTEGRATED CENTRE FOR YOUTH DEVELOPMENT

Service User/ Membership Application Form

< Personal Data > *Must fill	Staff use only
Name* : (Chi) _____ (Eng) _____ HKID No.* : _____ (First 5 digit) Gender* : <input type="checkbox"/> M/ <input type="checkbox"/> F Contact : _____ (fill in if not share contact with family member) Date of Birth* : ____ yy ____ mm ____ dd Parents : <input type="checkbox"/> Yes/ <input type="checkbox"/> No Date of Arrival : ____ yy ____ mm (For non HK birth applicant)	<input type="checkbox"/> New <input type="checkbox"/> Renew Mem. No.: _____ Mem. Expire: _____ Mem. Payment receipt no. _____ <input type="checkbox"/> Promotion SW: _____ Mem. Category: (M)/(MCSSA)/(ML)/(N) User MAR Cat.: <input type="checkbox"/> Other <input type="checkbox"/> 6-24/Affiliated Mem.
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<input type="checkbox"/> CSSA Recipient/Full Grant STAS <input type="checkbox"/> Low-income (Mobile*) (Home)	
Address : _____ (Please provide valid address to receive activity information)	
Emergency Contact person : _____ Relationship : _____ Contact : _____	
Personal Data Collection Statement In order to protect your privacy, please read the followings: 1. To provide personal data to the Centre is on voluntary basis. Your information given will be used for the purposes of, include but not limited, providing you with information of the centre, handling application, issuing receipt, volunteering appeal, activities invitation/relates promotion. 2. Apart from the exemptions provided under the Personal Data (Privacy) ordinance, you are entitled to request us to cease to use your personal data for promotion purposes. 3. All personal information collected will be treated as strictly confidential and kept safe.	

Membership Notes

- Membership: 6-24 year-old and their parents; person under 14 year-old membership application should be signed by parent/guardian.
- Please bring along with a digital photo and identity prove document.
- Please present in person or present authorized person to proceed application.
- Membership fee: \$29. Fee can be waived for CSSA receiver/Full Grant STAS and Low Income family, please present approval document.
- Membership is annual and renewable. Membership fee is not refundable.

I/We declare that all the details provided in this application form are all true and correct.

I/We agree to pay membership fee and apply to be a member

I/We want to become a volunteer, and receive YIC voluntary service information

Applicant/Parent or Guardian Signature: _____ Date: _____ Staff _____

(Staff use only)