**會員續會表格**

**Membership Renewal Form (2019-2020)**

姓名 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 性別 \_\_\_\_\_\_\_\_\_\_\_\_

Name 英文（姓氏先行）English (Surname first) 中文Chinese Sex

身份證/護照號碼 國籍 出生日期

HKID Card/Passport No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

通訊地址

Correspondence Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

聯絡資料

Contact Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

日間Day 晚間Night 手提Mobile 傳真Fax 電郵Email

現職機構

Present Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

教育程度 □ 中學 □ 大專/大學 □ 大學以上

Educational Level Secondary College/Undergraduate Postgraduate

專業資歷 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Qualifications

專業興趣 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Interests (方便日後參與本會工作小組For reference of joining future working groups of OMEP-Hong Kong)

申請人簽署 日期

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

備註Remarks:

選用語言 □ 中文 Chinese

Preferred Language □ 英文 English

1. 本會員費為$100，有效期由二零一九年十一月至二零二零年十月止。

The membership fee is HK$100. The membership is effective from November 2019 to October 2020.

1. 請以劃線支票繳付會費。支票抬頭請寫「OMEP-Hong Kong」，並請於支票背面註明閣下之姓名及聯絡電話。

Please pay by crossed cheque. Cheque should be made payable to “OMEP-Hong Kong.” Please write your name and contact phone number on the back of the cheque.

1. 請填妥表格連同劃線支票寄交：

**香港銅鑼灣興發街郵政信箱38223號世界幼兒教育聯會－香港分會秘書處收**

Please send the completed application form together with the crossed cheque to:

**The Secretariat, OMEP-Hong Kong, Hing Fat Street, P.O. Box 38223, Causeway Bay, Hong Kong**

1. 此表格只限一人使用，如有需要，歡迎影印。

This form is designed for one application only. Please duplicate if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| OFFICIAL USE ONLY | **Cheque**  Amount:  Cheque No.: Bank: | **Cash**  Amount: | **Receipt No.** | **Membership No.** |

**新會員申請表格**

**New Membership Application Form (2019-2020)**

姓名 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 性別 \_\_\_\_\_\_\_\_\_\_\_\_

Name 英文（姓氏先行）English (Surname first) 中文Chinese Sex

身份證/護照號碼 國籍 出生日期

HKID Card/Passport No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

通訊地址

Correspondence Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

聯絡資料

Contact Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

日間Day 晚間Night 手提Mobile 傳真Fax 電郵Email

現職機構

Present Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

教育程度 □ 中學 □ 大專/大學 □ 大學以上

Educational Level Secondary College/Undergraduate Postgraduate

專業資歷 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Qualifications

專業興趣 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Interests (方便日後參與本會工作小組For reference of joining future working groups of OMEP-Hong Kong)

申請人簽署 日期

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

備註Remarks:

選用語言 □ 中文 Chinese

Preferred Language □ 英文 English

1. 本會員費為$100，有效期由二零一九年十一月至二零二零年十月止。

The membership fee is HK$100. The membership is effective from November 2019 to October 2020.

1. 請以劃線支票繳付會費。支票抬頭請寫「OMEP-Hong Kong」，並請於支票背面註明閣下之姓名及聯絡電話。

Please pay by crossed cheque. Cheque should be made payable to “OMEP-Hong Kong.” Please write your name and contact phone number on the back of the cheque.

1. 請填妥表格連同劃線支票寄交：

**香港銅鑼灣興發街郵政信箱38223號世界幼兒教育聯會－香港分會秘書處收**

Please send the completed application form together with the crossed cheque to:

**The Secretariat, OMEP-Hong Kong, Hing Fat Street, P.O. Box 38223, Causeway Bay, Hong Kong**

1. 此表格只限一人使用，如有需要，歡迎影印。

This form is designed for one application only. Please duplicate if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| OFFICIAL USE ONLY | **Cheque**  Amount:  Cheque No.: Bank: | **Cash**  Amount: | **Receipt No.** | **Membership No.** |