

西澳海南同乡会 Hainanese Association of WA Inc.

Membership Application Form 入会申请表

Please complete all sections in block letters and return the form to 请把填好的表格寄到:

By Post: PO Box 551, Willetton WA 6955 or By Email: [contacthainanwa@gmail.com](mailto:contacthainanwa@gmail.com)

Website: [www.hainanwa.org.au](http://www.hainanwa.org.au) (under construction)

Membership No.

YOUR PERSONAL DETAILS   您的个人资料	YOUR APPLICATION   您的申请															
<p>Title Mr/Mrs/Ms/Dr   称呼</p> <div></div> <p>Surname   姓</p> <div></div> <p>Given Name   名字</p> <div></div> <p>Date of Birth   出生日期</p> <div></div> <p>Address   地址</p> <div></div> <p>Suburb   区</p> <div></div> <p>Post Code   邮区编</p> <div></div> <p>Mobile   手提电话</p> <div></div> <p>Telephone   电话号码</p> <div></div> <p>Email Address   电邮地址</p> <div></div> <p>Occupation   职业</p> <div></div> <p>Nationality   国籍</p> <div></div> <p>Country of Birth   出身国家</p> <div></div> <p><b>Note:</b> Membership fee is not refundable if a member decides to withdraw their membership. 请注意如果会员决定取消会籍，已交付的会员费概不退还。</p> <p><b>Please circle method of payment:</b></p> <p>CASH / CHEQUE / DIRECT BANK TRANSFER</p> <p>(For Direct Bank Transfer, please include as reference, your Family name followed by initials, e.g. LOONG SY)</p> <p><b>Bank Details:</b></p> <p>BSB: 06 6164</p> <p>Acct No.: 105 16443</p> <p>Acct Name: Hainanese Association of Western Australia Inc.</p>	<p><b>Please select one   请选择您的适用类别:</b></p> <p><input type="radio"/> Standard Single membership   普通单身会员 \$20.00 per year</p> <p><input type="radio"/> Standard Family membership   普通家庭会员 \$30.00 per year</p> <p><input type="radio"/> Life membership   终身会员 \$500.00</p> <p><b>If applying for family membership, please provide details of your family:</b> 如果您申请的是家庭会员，请填写家庭成员的资料：</p> <p>Spouse's Surname   配偶的姓</p> <div></div> <p>Spouse's Given Name   配偶的名字</p> <div></div> <p>Name of Children Under 18 years old   十八岁以下孩子的姓名</p> <table><thead><tr><th>No.</th><th>Surname   姓</th><th>Given name   名字</th></tr></thead><tbody><tr><td>1</td><td></td><td></td></tr><tr><td>2</td><td></td><td></td></tr><tr><td>3</td><td></td><td></td></tr><tr><td>4</td><td></td><td></td></tr></tbody></table> <p><b>Application must be supported by two current financial members:</b> 您的申请必须得到两位当前“普通会员”的推荐:</p> <p>Proposer's Name   提议人姓名</p> <div></div> <p>Membership No.</p> <div></div> <p>Proposer's Signature   提议人签名</p> <div></div> <p>Secunder's Name   附议人姓名</p> <div></div> <p>Membership No.</p> <div></div> <p>Secunder's Signature   附议人签名</p> <div></div> <p><b>Declaration:</b></p> <p><input type="checkbox"/> I have read and understood the Rules of the Association</p> <p>I hereby declare that all the information provided by me in this form is true and accurate. 我保证在本表格中填写的信息真实和准确。</p> <div></div> <p>Applicant's Signature   申请人签名 Date   日期: / /</p>	No.	Surname   姓	Given name   名字	1			2			3			4		
No.	Surname   姓	Given name   名字														
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