



詠春葉準同學會
Wing Chun Ip Chun Academy
會員申請表 Membership Application Form

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| 個人資料 Personal Particulars: | | |
| 姓名 Full name: | 性別 Sex: <input type="checkbox"/> 男 <input type="checkbox"/> 女 | |
| 出生日期 Date of Birth: | 國籍 Nationality: | |
| 日(D) 月(M) 年(Y) | | |
| 辦事處名稱 Name of Office: | 職業 Occupation: | |
| 辦事處地址 Business Address: | | 電話 Telephone: |
| 通訊/居住地址 Correspondence / Residential Address: | | 電話 Telephone: |
| 手提電話 Mobile: | 電子郵件 E-mail: | 傳真 Fax: |
| 師承 Received Training From: | 申請日期 Date of Application: | |
| | 日(D) 月(M) 年(Y) | |
| <div style="border: 1px solid black; width: 100%; height: 100%;"></div> | <p>入會後本人願意遵守會章 I agree to abide by the article of association after admission</p> <p style="text-align: right;">_____</p> <p>申請人簽署(Signature of Applicant)</p> | |

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| 會方填寫 For Official Use Only | |
| 批准入會/ 拒絕申請(Admitted / Refused on) | |
| _____ 日(D) _____ 月(M) _____ 年(Y) | |
| 姓名 Name: _____ | 簽名 Signature: _____ |
| 備註 Remarks: | 入會費收訖 Admission fee paid: <input type="checkbox"/> |
| <i>Local Member Fee HK\$300</i> <i>Mainland Member Fee RMB¥300</i> <i>Overseas Member Fee HK\$500</i> | |