



澳洲增城同鄉會聯福堂

LUEN FOOK TONG INCORPORATED

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Address: 2nd Floor, 52 Dixon Street, Sydney NSW 2000, Australia

Membership Application Form 会员申请表

Applicant 申请人		
Surname 姓		Given Name (as shown in your passport or driver's license) 名
Preferred English Name: 常用英文名		Chinese Name 中文姓名
Address 地址		Who is the member of a male descendant (注明父亲, 母亲或配偶是增城籍) Father 父亲 <input type="checkbox"/> Mother 母亲 <input type="checkbox"/> Spouse 配偶 <input type="checkbox"/>
Telephone 电话		Email address 电邮
Native Village 籍贯 村		Wechat account 微信
Date of Birth 出生日期	Occupation 职业	Place of Birth 出生地
<input type="checkbox"/> I am applying for FULL membership I comply with the following membership requirements and hereby apply to become a member of Luen Fook Tong Incorporated. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force. 本人满足以下入会条件, 并申请成为联福堂的会员, 愿意遵守会规。 - Age 18 years or over, and a permanent resident of Australia, and 十八岁或以上, 在澳大利亚具永居权 - A descendant of a male person whose ancestry is in Zengcheng, China or 中国增城籍男性世系的後代 - Spouse and children of the member of a male descendant of Zengcheng origin. Must specify your relationship to the member of a male descendant 增城籍会员的配偶和子女。(申请人的父亲, 母亲或配偶必须是增城籍)		
<input type="checkbox"/> I am applying for ASSOCIATE Membership I do not meet above full membership requirements, but have some sort of relationship with Zengcheng. Specify what kind of relationship with Zengcheng: Signature 签名: _____ Date 日期: _____		

Nomination (2 nominators required) 两位提名人			
As a member of Luen Fook Tong Incorporated, I nominate the applicant, who is personally known to me, for membership in Luen Fook Tong Incorporated. 本人是本会会员并认识申请人, 愿意提名申请人成为会员。	Name 姓名/Membership no./会员号	Signature 签名	Date 日期

Committee Approval 委员会审核批准			
The committee of Luen Fook Tong Incorporated approves the applicant to be a member of Luen Fook Tong Incorporated. 联福堂委员会审核并批准申请人成为本会会员	Name 姓名	Signature 签名	Date 日期

Office Use Only: 会籍管理	
Membership No: 会员号	Membership card No: 会员卡号