

**Po Leung Kuk Alumni for Discharged Residents
Member Registration Form**

Accommodation information

Period of residence in Po Leung Kuk: From _____ MM _____ YYYY to _____ MM _____ YYYY

Unit resided : Babies Section Kinder Section Children Section Small Group Homes
 Ordinary Foster Care Service Others: _____

Whether or not participated in Language Training Program (LTP) during the residence: Yes No

Personal Data

Chinese name: _____ English name: _____

Age: _____ Gender: M / F * Date of birth: _____ DD _____ MM _____ YYYY

Occupation: Student Grade: _____ Employee Occupation: _____
 Housewife Others (Please specify) : _____

Tel.: _____ Email address: _____

Contact address: _____

I suggest carrying out such activities in future: _____

I agree to provide the abovementioned data to register as a member, and agree that Alumni for Discharged Residents is entitled to use such data to provide information to me. I understand that I should proactively notify Alumni for Discharged Residents in case of any changes of my personal data. My personal data will be kept by Alumni for Discharged Residents for three years (starting from the date when membership is cancelled) and be destroyed after that.

I do not wish to receive any donation appeal and promotion e-mails.

Signature of the applicant: _____ Date: _____

* Please delete wherever is inappropriate

For those age under 12, parents / guardians need to fill in the followings:

Parents / guardians name: _____ Relationship: _____ Contact Tel.: _____

Parents / guardians signature: _____ Date: _____

Membership application procedures:

1. By mail: Download a membership application form from the website of Po Leung Kuk (www.poleungkuk.org.hk). After filling out the form, send it to Lau Chan Siu Po Family & Children Integrated Services Centre of Po Leung Kuk at “66 Leighton Road, Causeway Bay, Hong Kong” .
2. Come in person: Conduct membership application procedures at Lau Chan Siu Po Family & Children Integrated Services Centre of Po Leung Kuk at 66 Leighton Road, Causeway Bay, Hong Kong.
3. Enquiry: 2277 8310

For official use only

Registration accepted Registration not accepted (please specify reasons): _____

Date of admission: _____ Handled by: _____

Date of withdrawal: _____ Handled by: _____