TSUNG TSIN ASSOCIATION OF ONTARIO, CANADA

3880 Midland Ave. At Passmore, Scarborough, Ontario M1V 5K4   Tel.: 416 321-0886

加拿大安省崇正總會

MEMBERSHIP APPLICATION & RENEWAL FORM

Last Name: 姓_____   First Name: 名_____

中文姓名   Mr, Mrs, Ms, Miss (circle one)

Ancestral Hakka/Village (if known):_____   祖籍 Chinese Name:_____

Sex:性別_____   Date of Birth: 出生日期_____   Place of Birth: 出生地點_____
                          (optional)

Address: 地址_____   Postal Code:郵區_____

Hobbies/Interests: 嗜好 _____   Occupation: 職業 _____

Telephone No: 住宅 _____.   Bus 辦公室._____

Cell No: 手提 _____   Email Address: 電郵 _____

Type of Membership: 客家會員

Hakka Membership $25   [   ]   Associate Membership $25   [   ]
(Hakka Ethnic Origin)   (Non-Hakka Ancestry)
                                                     崇正之友

Children under 18 years of age are included in your membership.

Note: Spouse & children 18 years and over require a separate application form.

Children:子女1_____ Sex性別_____ Occupation職業_____ Age年齡_____

Children:子女2_____ Sex性別_____ Occupation職業_____ Age年齡_____

By being a member of TTA, I will receive communications regarding upcoming events.   ☐ **I agree to be on TTA email list.**

Signature of Applicant:申請人簽名 _____   Date: 日期_____

Recommended By (1): _____   (2): _____

Approved By:批准者_____   Date: 日期_____

ANNUAL MEMBERSHIP RENEWAL

(Note: All memberships are subject to renewal on the 1st. day of every Calendar Year)

Name_____   Membership # (if known)_____

Indicate Applicable Years (1)_____ (2)_____ (3)_____

Amount *($25 per annum)* $_____

Please notify if any change of status, mailing, phone # and e-mail address or update information above.

Have you received your TTA membership card? ☐ yes ☐ no E-mail address:_____   TTA #1 – 07/14

By being a member of TTA, I will receive communications regarding upcoming events.   ☐ **I agree to be on TTA email list.**