

Jockey Club CADENZA Hub
賽馬會流金匯

Office Use Only

Membership No.: _____

Processing Date: _____

Membership Application Form

Part I

Name: _____ (Chinese) _____ (English) *Mr/Mrs/Ms/Miss

Tel: _____ (Day) _____ (Night)

Age: < 40 40 - 60 > 60

Part II

How did you know about our service?

Source(s) : (1) Leaflet (2) Hospital/Doctor (3) Social service organization
 (4) Website (5) Others (please specify: _____)

Part III

Please put a "✓" in the box(es) for those services you are in need of/interested in.

- | | |
|--|--|
| <input type="checkbox"/> Traditional Chinese Medicine | <input type="checkbox"/> Comprehensive Eye Examination |
| <input type="checkbox"/> Healthy lifestyle programme | <input type="checkbox"/> Case management |
| <input type="checkbox"/> Day care | |
| <input type="checkbox"/> Individualized health instruction/training/assessment | |
| <input type="checkbox"/> Purchase of coffee (please go to Part V) | |
| <input type="checkbox"/> Purchase of rehab aid products (please go to Part V) | <input type="checkbox"/> Others |

Part IV

Correspondence Address:

Hong Kong / Kowloon / NT

HKID No.: _____ () Date of Birth: _____ (dd/mm/yy)

Part V

Signature of Applicant: _____ Date: _____

Form copying is welcomed

The personal data being provided on this form will be used by the Centre for official purpose and would be kept confidential

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Cheque / Cash No.: _____ Bank: _____

Receipt No.: _____ Amount: _____ Responsible Staff: _____

Revised on 22/11/2010