香港生命自覺協會有限公司

***Hong Kong Focusing Institute Company Ltd.***

**Membership Renewal Form 續會表格**

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| Please send together with membership fee to: Hong Kong Focusing Institute Company Limited, Room 1002-3, Wealth Commercial Centre, 48 Kwong Wa Street, Mongkok, Kowloon, Hong Kong.  請連同會費寄交： 香港九龍旺角廣華街48號廣發商業中心1002-3室  香港生命自覺協會有限公司 |

**Membership Number會員編號** \_\_\_\_\_\_\_\_\_\_\_

**Name姓名** (To be completed in BOTH English and Chinese 請填寫中英文姓名)

(Mr/Ms/Dr/Prof)\* : (Surname) \_\_\_\_\_\_\_\_\_\_\_ (Other names) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(先生/女士/博士/教授)\*： (姓) \_\_\_\_\_\_\_\_\_\_\_ (名) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ONLY updated information is required 只需填寫更新資料

**Correspondence Address 通訊地址 (**Home住宅 / Office辦事處)\*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Number聯絡號碼** (Mobile 手機) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (WhatsApp) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email 電郵 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic Qualification 學歷 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Focusing Experience生命自覺經驗 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Level attained程度 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TIFI Membership國際生命自覺協會會員 Yes是 / No否 \***

Coordinator協調員 / Trainer導師 / Trainee學員 / Supporter支持者 \*#

**\*** Please circle as appropriate 請圈出適用者 # Please provide evidence 請提供證明

**=======================================================================**

*[FOR OFFICE USE]* *Date received \_\_\_\_\_\_\_\_\_\_\_ Cheque No./Bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Membership No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Voting/Non-voting) Receipt No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Confirmation letter sent by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Membership database updated by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*