



卡城華人耆英會會員申請表  
CCECA Membership Application Form  
會費計算日期：每年1月1日至12月31日  
Membership Duration: January 1 – December 31

會員編號 Membership No.: \_\_\_\_\_  
卡號 Card No.: \_\_\_\_\_  
日期 Date: \_\_\_\_\_

閣下是否亞省永久居民？ Are you a permanent resident of Alberta? ☐是 Yes ☐否 No

本人申請：☐新會員 ☐續會 ☐臨時會員  
I apply for: New Membership Renewal Temporary Membership

中文姓名： 英文姓名：  
Chinese name: \_\_\_\_\_ English name: \_\_\_\_\_

會員個人資料：☐沒變 No Change ☐更改如下 Renewal only fill in information that have been changed.

☐新會員必填 New Member must fill ☐臨時會員必填。 Temporary members must fill.

出生日期： 性別：女/男 家庭電話：  
Date of Birth: \_\_\_\_\_ Sex: F/M Home Phone No.: \_\_\_\_\_

電子郵件： 手提電話：  
Email: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

使用語言：☐粵語 ☐國語 ☐英語 ☐其他  
Languages: Cantonese Mandarin English Others \_\_\_\_\_

地址： 郵政編號  
Address: \_\_\_\_\_, Calgary, AB. Postal Code: \_\_\_\_\_

有興趣做義工嗎？ Interested in volunteer work? ☐有 Yes ☐否 No

緊急聯絡人 Emergency contact:

姓名： 關係： 聯絡電話：  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

☐ 本人明確了解參與由卡城華人耆英會及其代理人、義工、職員提供的活動、義工服務及旅遊服務之風險是由本人個人承擔，由此導致或與之相關的任何身體及物資損失，損壞，受傷，死亡或財物損失，耆英會及其代理人、義工、職員概不負責。

I am aware that it is a condition of participation in any program, volunteer service or travel provided on behalf of The Calgary Chinese Elderly Citizens' Association (CCECA), its agents, volunteers, and employees that the participant does so at their own risk. CCECA, its agents, volunteers or employees are not liable for any physical or material loss, damage, injury, loss of life or cost resulting from, or in connection with such participation.

☐ 本人同意卡城華人耆英會就課程、活動、項目及耆英會服務相關之事宜聯絡本人。

I understand that CCECA will contact me for classes, events, programs and other purposes related to services provided by the center.

☐ 本人同意凡參加卡城華人耆英會活動所拍攝之個人照片和影像歸耆英會所有，可作耆英會服務宣傳之用。

I agree that photos and videos taken of me during participation in any activity provided by CCECA are properties of CCECA and may be used for promotional purposes.

申請人簽署： 申請日期：  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

見證人簽署： 見證人姓名：  
Signature of witness: \_\_\_\_\_ Name of witness: \_\_\_\_\_

## PART I – Mandatory 必須填寫

## ADMINISTRATIVE DATA

Registration Date 登記日期(MM/DD/YYYY): \_\_\_\_\_ CCECA membership # \_\_\_\_\_

## Enter Client ID

First 2 letters of first name: \_\_\_\_\_ First 2 letters of last name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_ (leave blank if Date of birth is known)

## PART II - For New/Non-2020 member 所有新/非 2020 會員

## INTAKE/REGISTRATION DEMOGRAPHIC QUESTIONS

Survey 001

性別 Gender: ☐ 男 Male ☐ 女 Female 學歷 Grade in school (若適用) \_\_\_\_\_

## 種族組別 Population Group (只選一項)

☐ 中國人 Chinese ☐ 東南亞裔人 Southeast Asian (如：越南人、柬埔寨人、馬來西亞人、及老撾人等)

在家慣用語言 Language spoken *most* often at home (只選一項)

☐ 英語 English ☐ 中國方言 Chinese (unspecified) ☐ 普通話 Mandarin ☐ 越南話 Vietnamese ☐ 其他 Other

是否在加拿大出生 Born in Canada? ☐ 是 Yes ☐ 否 No

若不在加拿大出生，出生的地點 If not born in Canada: Country of Birth: \_\_\_\_\_

若不在加拿大出生，在加拿大居住的時間 If not born in Canada, number of years in Canada: \_\_\_\_\_

你怎樣得知耆英會的服務 How did you find out about this program: ☐ 211 ☐ 廣告 Advertisement ☐ 其他機構轉介 Referred by another program ☐ 不知 Don't know ☐ 其他 Other ☐ 朋友推介 Word of mouth

1. 居住的社區 What neighbourhood do you live in? \_\_\_\_\_
2. 郵政編號的首 3 個編碼 What are the first 3 digits of your Postal Code? \_\_\_\_\_
3. 你的視力、聽力、與人溝通、走路、行樓梯、彎腰、學習或做其他類似活動時是否有困難？  
Do you have difficulty hearing, seeing, communicating, walking, climbing stairs, bending, learning or doing any similar activities?  
☐ 是，有時 Yes, sometimes ☐ 是，經常 Yes, often ☐ 否 No
4. 你的身體狀況、精神狀況或健康問題，有沒有減低你參與活動的能力 Does a physical condition or mental condition or health problem reduce the amount or the kind of activity you can do?  
☐ 有時 Yes, sometimes ☐ 經常 Yes, often ☐ 沒有 No
5. 婚姻狀況 Marital Status:  
☐ 已婚 Married ☐ 同居 Living common-law ☐ 鰥寡 Widowed ☐ 分居 Separated  
☐ 離婚 Divorced ☐ 單身，從未結過婚 Single, never married ☐ 不知 Don't know
6. 包括你在內，家中有多少個 18 歲以上的成年人士 Number of adults (18 or older) in household: \_\_\_\_\_
7. 家中有多少個 18 歲以下的兒童 Number of children under age 18 in household: \_\_\_\_\_
8. 家中兒童的年齡 Ages of children in household:  
兒童 Child 1: \_\_\_\_\_ 兒童 Child 2: \_\_\_\_\_ 兒童 Child 3: \_\_\_\_\_ 兒童 Child 4: \_\_\_\_\_

**PART III – Mandatory for Everyone 所有人必須填寫**

**INTAKE/REGISTRATION DEMOGRAPHIC QUESTIONS**

**Survey 004**

How often is each of the following kinds of support available to you if you need it:

**當你有需要時，會不會得到以下的支援：**

	1	2	3	4	5
	Never 沒有	A little of the time 約3成	Some of the time 一半	Most of the time 約7成	Always 超過9成
1. Someone to have a good time with? 當你有需要時，有沒有人陪伴你？	從來沒有	很少有	有時有	好多時有	經常有
2. Someone who shows you love and affection? 當你有需要時，有沒有人關心愛護你？	從來沒有	很少有	有時有	好多時有	經常有
3. Someone to turn to for suggestions about how to deal with a personal problem? 當你有需要時，有沒有人與你商量及給予意見？	從來沒有	很少有	有時有	好多時有	經常有
4. Someone to take you to the doctor if you needed it? 當你需要看醫生時，有沒有人帶你去？	從來沒有	很少有	有時有	好多時有	經常有
5. Someone to prepare your meals if you were unable to do it yourself? 當你不能煮食時，有沒有人幫你？	從來沒有	很少有	有時有	好多時有	經常有
6. Someone to help with daily chores if you were sick? 當你生病時，有沒有人幫你做家務？	從來沒有	很少有	有時有	好多時有	經常有

**有需要時填寫(If applicable)**

	1	2	3	4	5
7. Someone to look after your child(ren) for several hours if needed? 有需要時有沒有人幫你看顧子女數小時？	從來沒有	很少有	有時有	好多時有	經常有
8. Someone to look after your spouse for several hours if needed? 有需要時有沒有人幫你看顧配偶數小時？	從來沒有	很少有	有時有	好多時有	經常有
9. Someone to look after your parent(s) for several hours if needed? 有需要時有沒有人幫你看顧父母數小時？	從來沒有	很少有	有時有	好多時有	經常有

Office Use