

MEMBERSHIP APPLICATION revised 2012 Feb

The social club...
... with **community** spirit

This is not an electronic or online application.

You can fill out this form... then you must:

- **Print it** and submit the hardcopy to ILCM with your payment, or...
- **Print as a PDF** and email it to membership@ilcm.org.mo.

New member Renewing member

APPLICANT		Please print in BLOCK LETTERS			
Last Name	First Name	Nickname			
Residence Name	Lot	Tower	Block	Floor	Flat
Street	City		Country		
Phone	Mobile		Email		
Birth Month/Day	Spouse/Partner Name				

CHILDREN living with you	
Name/Year Born	Name/Year Born
Name/Year Born	Name/Year Born

OPTIONAL & STRICTLY CONFIDENTIAL	This helps us to plan activities of interest to you
Your age group:	<input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60+
What interests you about the Club?	<input type="checkbox"/> Charities <input type="checkbox"/> Evening events <input type="checkbox"/> Family activities <input type="checkbox"/> Mums & Tots <input type="checkbox"/> Socializing <input type="checkbox"/> Sports
What are your hobbies?	
What Country are you from?	What non-English languages do you speak?
Your current/past occupation?	
Company you/spouse work for?	
Would you like to assist with any of the following?	
<input type="checkbox"/> Advertising <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Community Services <input type="checkbox"/> Desktop Publishing <input type="checkbox"/> Event Planning <input type="checkbox"/> Fundraising <input type="checkbox"/> Marketing <input type="checkbox"/> Public Relations <input type="checkbox"/> Social Events <input type="checkbox"/> Website/IT <input type="checkbox"/> Welcome Committee	

ANNUAL MEMBERSHIP FEE	Membership includes spouse/children
<input type="checkbox"/> Individual Member MOP500	<input type="checkbox"/> Friend of ILCM (men/other) MOP500 <i>12 month membership starts on date payment received</i>

PAYMENT	Payment and application must be submitted together
<input type="checkbox"/> Cash	Pay at coffee morning, lunch or drinks... or email membership@ilcm.org.mo
<input type="checkbox"/> Check	Checks from Macau banks only. Payable to: ILCM . Post to: ILCM, PO Box 1370, Macau
<input type="checkbox"/> Direct Deposit	Bank account info provided upon request. Email treasurer@ilcm.org.mo .

I understand and agree that member contact info and the member directory is confidential and is for the personal use of ILCM members. It must not be used for business purposes and disclosure to outside parties is prohibited.

Signature & Date

ILCM OFFICE USE	Cash/Check/Direct Deposit	Amount	Received by	Date received