



橫塘社區聯會
WANG TONG
COMMUNITY ASSOCIATION
PO BOX 29 | MUI WO | LANTAU ISLAND

MEMBERSHIP FORM

Surname: _____ Name: _____

Spouse/Partner name: _____

Nationality: _____ Age: 18-29 30-39 40-49 50-59 60-69 70+

Wang Tong Address: _____

Own Rent / Full-time Part-time resident

Business Address: _____

Correspondence Address: Business or Home

Children names / Age:

_____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Home Tel No: _____ Office: _____

Mobile Tel No: _____ Email Address: _____

Interests: Please indicate your interest in any of the following activities:

- Sat/Sunday Hikes Squash Beach Volleyball Badminton Basketball
 Cycling Soccer/Football Dragon Boat Children Playgroup/Talking Babies
 Rugby Other _____

Committees: Would you be interested in joining or helping out with any activity? Yes No

- Social Press Sports General Cleaning Gardening/Farming Animal Welfare
 Clean Energy Wang Tong River Mountain water supply maintenance
 Other _____

Signature: _____ Date: _____

Please return this form to: **Wang Tong Community Association – PO Box 29 – Mui Wo**
or by e-mail to: info@wangtongvillage.org