



香港獨木舟總會

HONG KONG CANOE UNION

附屬團體入會申請表

Application Form for
Affiliated Club Membership
(2011年4月修訂 Apr 2011 Edition)

Affiliated to: International Canoe Federation / Asian Canoe Confederation / Sports Federation & Olympic Committee of Hong Kong, China

地址 Address: 香港銅鑼灣掃桿埔大球場徑1號奧運大樓2樓2014室 Room 2014, Olympic House, 1 Stadium Path, So Kon Po, Causeway Bay, H.K.
電話 Tel: 2504 8186 傳真 Fax: 2838 9037 電郵 E-mail: hkcu@hkolympic.org 網頁 Website: http://www.hkcucanoe.com.hk

會籍 Membership (會籍年度為是年四月一日至翌年三月三十一日 Membership Year is from 1 April of this year to 31 March of next year)

屬會註冊編號 Membership No	註冊年度 Registration Year (1 Apr 20 - 31 Mar 20)	<input type="checkbox"/> 首次申請 New Member HK\$1,000 (1年 Year)
		<input type="checkbox"/> 續會申請 Renewal HK\$200 (1年 Year)

支票抬頭請書「香港獨木舟總會有限公司」或 存款至本會之香港匯豐銀行賬戶(戶口號碼: 600-349351-001), 收據上寫上屬會名稱, 與申請表一併遞交。
Cheque payable to "Hong Kong Canoe Union Ltd" OR Deposit to HSBC Account (A/C No.: 600-349351-001), write the name of the organization on the slip and send with this form.

首次申請入會之團體, 請連同貴會的下列文件遞交申請 For the new affiliated club member, please enclosed the following information :

1. 執行委員會成員名單 List of committee members
2. 會章及規條 Memorandum and Articles of Association and regulations
3. 安全指引(與該屬會的活動條件及活動範圍相關) Safety Guides which is related to the activities and venue of the organization
4. 公司註冊 / 社團註冊之清晰完整副本(正本亦須呈交作核證之用) Clear copies of Certificates of Organization / Incorporation or Registration of a Society with originals for verification
5. 屬會負責人聯絡資料: 地址、聯絡電話、電郵地址、通訊地址(如有) Contacts of the Representative: address, contact number, email address and mail address (if any)
6. 屬會會址、固定活動地址、電話(如有), 必須夾附活動地址照片 Address of organization, permanent activity venue and telephone number (if any). Photos of activity venue should be enclosed.
7. 教練數量及其級別 (如有) List of kayak coaches and their qualification (if any)
8. 來年度獨木舟活動計劃 Canoeing activity plan of the coming year
9. 提供不少於十五名為本會有效的註冊個人會員, 當中包括三名該屬會/團體現任執委會成員(首次申請及續會申請亦須要提交)15 or above valid HKCU individual members including THREE existing executive members should be provided (Both new application and renewal should provide this document)

團體 / 屬會名稱
Name of Organization

(中文) _____
(CHI)

(英文) _____
(ENG)

團體 / 屬會代表姓名
Name of Representative

(中文) _____ (英文) _____
(CHI) (ENG)

屬會職銜
Position _____

團體 / 屬會聯絡人姓名
Name of Contact Person

(中文) _____ (英文) _____
(CHI) (ENG)

屬會職銜
Position _____

通訊地址
Mail Address _____

活動地點 / 地址
Address of Organization _____

網址
Website _____

電郵 *
Email _____

電話
Tel No. _____

緊急聯絡人姓名
Emergency Contact Person _____

緊急聯絡人電話
Emergency Call No. _____

* (屬會通訊將以電郵發放及刊於本會網頁內 HKCU News will be sent through email and updated in HKCU website)

屬會會員人數 No. of Members	屬會設有之艇隻種類 Type of Canoes
沒有教練資歷 男 人; 女 人	1) (數量 Quantity:)
持有教練資歷 男 人; 女 人	2) (數量 Quantity:)

本年度擬舉辦之公開獨木舟活動 Proposed open canoeing activities to be organized by the club

活動名稱 Name of activities	舉行日期 Date	舉行地點 Venue
1)		
2)		

屬會 # 同意 / 不同意 香港獨木舟總會網頁連結至屬會網頁。如同意, 請選擇 及填寫下列願意公開的屬會資料:

We agree / do not agree the hyperlink of our club add to Hong Kong Canoe Union. If agree, please tick and fill the following club information which is to be available in HKCU website:

團體 / 屬會名稱
Name of Organization _____

團體 / 屬會地址 或 活動地點
Address of Organization OR activity venue _____

舉辦活動項目
Discipline of events / activities _____

網址
Website _____

電郵
Email _____

聯絡人電話
Contact No. _____

獨木舟 Kayak

獨木舟競賽 Racing Kayak

獨木舟水球 Canoe Polo

獨木舟救生 Canoe Life Guard

龍舟 Dragon Boat

獨木舟激流 Canoe Slalom

聯絡人姓名
Contact Person _____

請刪去不適用者 Please delete inappropriate

聲明 Declaration 本會 (1) 願意繳交每年屬會會費, 並遵守香港獨木舟總會之會章、規例及希望申請為附屬團體。(2) 本會承諾遵守、服從、支持及推廣國際獨木舟協會之運動禁藥條例、會章及比賽規則, 明白若本會違反有關條例及守則, 將會受到紀律懲處。 We (1) agree to pay annual subscription and abide by Constitution and Rules of Hong Kong Canoe Union and wish to apply for Affiliated Club Membership. (2) We hereby undertake to abide by, support, promote and submit to the ICF anti-doping policy, the ICF constitution and the ICF competition rules. We are aware and that if we violate any of these policies and rules we may be subject to disciplinary sanctions as set out in the respective policies and rules.	屬會蓋印 Stamp of Organization	屬會代表簽署 Signature of Representative
		團體 / 屬會代表姓名 Name of Representative
		屬會職銜 Position
		日期 Date

職員專用 Office Use Only

收表日期: _____
收據編號: _____

回郵地址 Mail Address

姓名 Name _____
地址 Address _____