



# Join Us!!!

## YOUTH TOUCH For IDEA Membership

Surname:

Middle Name:

Last Name :

Country of origin:

Age:

Gender: M / F

Address

In BLOCK letter

HK ID: (for Insurance purpose):  
\_\_\_\_\_XXX(X)

Telephone :

Emergency contact person's Name :

Relationship :

Telephone

(for 16 years below)

Name of the Parent/Guardian: \_\_\_\_\_

Signature : \_\_\_\_\_

Applicant Signature : \_\_\_\_\_

Date : \_\_\_\_\_

**\*\*Personal data provided will be used for enrollment ONLY.**

I don't wish to receive promotional information from the Centre.

I don't wish to use my images for Centre publication.