

# San Francisco Loong Kong Youth Group Membership Application

Date of application \_\_\_\_\_

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ Birthdate \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

Best time you can be reached \_\_\_\_\_

e- mail address (to receive meeting / event announcements) \_\_\_\_\_

e- mail address will not be shared with other parties

If you are a student, please complete the bottom portion

Name of School \_\_\_\_\_ Grade level \_\_\_\_\_

City and State where the school is located \_\_\_\_\_

If you are currently working please include your job title /profession and city of employment

\_\_\_\_\_

Hobbies and interests \_\_\_\_\_

\_\_\_\_\_

Could you suggest some activities in which you would like to participate? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

Referred by (if applicable) \_\_\_\_\_

Do you have any friends or relatives who are interested in joining the Loong Kong Youth Group?

If so, please include their name, phone number and/ or e-mail below

\_\_\_\_\_

\_\_\_\_\_

After you have completed this application you may send, email or fax to:

Loong Kong Youth Group, 924 Grant Ave, 4th Floor, San Francisco, CA 94108

or email to LKyouthgroup@yahoo.com or fax to 415- 391-2073

Free membership to the San Francisco Loong Kong Youth Group is open to all Lau, Kwan, Jung and Chew family members between the ages of 13 to 40