

APPLICATION FORM

To VGCA:

I ( ) on ( ) submitted this application request form for the VGCA membership, hoping to be approved. My referral member number is( ), recommended by my relatives / friends / colleagues to apply and join VGCA and become a member of it.

Application Category:

|  |  |
| --- | --- |
| Reserve Director |  |
| Core Member |  |
| Individual Member |  |

Personal Information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name |  | Date of Birth |  | Contact Email |  |
| Gender |  | Nationality |  | Identity ID |  |

Charity experience:

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I’d say：

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| --- | --- | --- | --- |
| Signature: |  | Date : | / /2022 |