



母親會頤康中心
Centro de Convívio da Obra das Mães
澳門
MACAU

Application Form

No.of Member: _____

Name : (Chinese)	(English)	Photo
Date of Birth :	Age : Sex :	
Identity Card No :	Marital Status :	
Telephone No :	Contact No :	
Address :		
Physical Condition :		
1.Hypertension <input type="checkbox"/> 2.Heart Disease <input type="checkbox"/> 3.Diabetes <input type="checkbox"/>		
4.Dementia <input type="checkbox"/> 5.Malignencies <input type="checkbox"/> 6.Others _____		
Are you retired? Yes <input type="checkbox"/> No <input type="checkbox"/> Occupation : _____		
Please put a ✓ in the <input type="checkbox"/> that you are interested in :		
Computer <input type="checkbox"/> Singing <input type="checkbox"/> Drama <input type="checkbox"/> Watch TV <input type="checkbox"/> Ballroom dancing <input type="checkbox"/>		
Calligraphy <input type="checkbox"/> Magic <input type="checkbox"/> Reading <input type="checkbox"/> Mandarin <input type="checkbox"/> Ethnic dance <input type="checkbox"/>		
Painting <input type="checkbox"/> Tai chi <input type="checkbox"/> Mahjong <input type="checkbox"/> Exercise <input type="checkbox"/> Others _____		
Urgent Contact :		
1(Name) _____ Relation : _____ Contact no : _____		
2(Name) _____ Relation : _____ Contact no : _____		
Please indicate the names of the senior institutions in which you have registered :		
1. _____ 2. _____ 3. _____ 4. _____		
Reason of application : _____ Proponent : _____		

Date of application : _____ Amount received : _____

Approved by : _____ Date of approval : _____

Remark:

1. Applicant must be Macao resident aged fifty-five or above;
2. Complete the application form, attaching three photographs and a photocopy of the applicant's identity card;
3. Monthly fee is MOP 10 (for statistical purposes, payment should be made for the whole year);
4. In order to avoid duplication of resources, our centre only accepts applicants who have registered in not more than three senior centres in Macao.