

“One Certificate, One Claim” “一紙，一償還”

Membership Application Form

Mission Statement:

The purposes of The Society are:

- To seek a just and honourable redress of the Chinese head tax and the exclusionary Chinese Immigration Act.
- To educate Canadians on the contributions of Chinese pioneers.
- To promote racial harmony amongst all Canadians.

我們的目標

- 尋求一個對人頭稅付款人的家庭作一個合理的和公正的平反
- 引導加拿大人認識加國華人的貢獻及促進發揚種族和諧融洽的好處，

APPLICANT INFORMATION

Date: _____ Membership No. _____ Amount Paid: _____

(Check where applicable)

人頭稅付款人 遺孀 後裔 支持者
Head Tax Payer Spouse Descendant Supporter

Name 姓名:

(Last 姓) _____ (First 名) _____

Chinese Characters 中文名字: _____

Birth Date 出生日期: _____ Sex 性別: Male 男 Female 女
(yyyy/mm/dd 年月日)

Address 現住地址: _____

City 城市: _____ BC 卑詩省 Postal Code 郵區號碼 _____

Daytime Phone 日間電話號碼: _____ Evening Phone 間電話號碼: _____

Cell Phone 手機聯絡號碼: _____

Email Address 電郵地址: _____

Signature 簽名: _____

Mailing Address: 回郵地址: Head Tax Families Society of Canada, Box 13, 12 East Hastings Street,
Vancouver, B.C. V6A 1N1

Tel: (604) 682-3269 ext. 8173