



Hong Kong New Age Centre – Membership Application Form

* All personal information will be used on this membership application only. We assure all information is kept confidential.

Name : _____

I.D. No. (pls provide the first 4 letters & digits) : _____

Contact Number : _____ Occupation : _____

Email : _____ Gender : Male / Female [please circle]

Living District : _____
Hong Kong Island / Kowloon / New Territories / Outlying Islands [please circle]

How do you know us? (Please ✓):

- Web page
- Through joining HKFTUSTSC courses
- Through joining courses/activities in our centre
- Recommendation by friends – Name of friend _____

* Membership fee HK\$200

Are you interested in the following activities and would like to receive notice about them (Please ✓):



- | | |
|---|---|
| <input type="checkbox"/> Tarot/Numerology Gatherings | <input type="checkbox"/> Osho Activities |
| <input type="checkbox"/> Tarot Courses | <input type="checkbox"/> Orin Activities |
| <input type="checkbox"/> OH Card Courses | <input type="checkbox"/> Spiritual Movies Sharing Groups |
| <input type="checkbox"/> Numerology Courses | <input type="checkbox"/> Meditation Courses/Gatherings |
| <input type="checkbox"/> Astrology Courses | <input type="checkbox"/> Gurdjieff Movements / Sacred Dance Workshops |
| <input type="checkbox"/> Aura-Soma Courses | <input type="checkbox"/> Natural Healing Workshops |
| <input type="checkbox"/> Chakra System Workshops | <input type="checkbox"/> Body, Mind, Spirit Health Activities |
| <input type="checkbox"/> Energy Consultation Trainings | <input type="checkbox"/> Joachim Werdin Seminars |
| <input type="checkbox"/> Quantum Touch® Trainings | <input type="checkbox"/> Dream Interpretation Courses/Workshops |
| <input type="checkbox"/> Reiki Trainings | <input type="checkbox"/> Hypnosis Course/Workshops |
| <input type="checkbox"/> Pulsation Workshops | <input type="checkbox"/> Runes Workshops |
| <input type="checkbox"/> Intuition Trainings | <input type="checkbox"/> Henna Workshops |
| <input type="checkbox"/> Family Constellation Workshops | <input type="checkbox"/> Ayurvedic Bodywork / Massage |
| <input type="checkbox"/> Past Lives Workshops | <input type="checkbox"/> Amber/Crystal/Pendulum Gathering/Talk/Course |
| <input type="checkbox"/> Childhood Therapy Workshops | <input type="checkbox"/> Aromatherapy / Essential Oils Workshops |
| <input type="checkbox"/> Personal Consultations | <input type="checkbox"/> Visiting Group Leaders'/Trainers' Events |
| <input type="checkbox"/> Others (Please specify): _____ | |
| <input type="checkbox"/> All of the above | |

How would you like to receive our notifications (Please ✓)?

- Email Whatsapp Telegram Line All of the above