

P.O. Box 587, Parramatta, NSW 2124 Tel: (02) 9633 1925; Fax: (02) 9633 2143 E-mail: info@mffc.org.au ABN 36 220 710 374

婚前評量及輔導服務報名表

	Pre-marital Coun	selling Service Enrolment Fo	rm	
姓名 Name : (男 Male)	(英 English)	(女 Female)	(英 English)	
職業 Career : (男 Male)		(女 Female)		
地址 Address : (男 Male)		(女 Female)		
	區號 Area code		區號 Area code	
所屬教會 Church : (男 Male)_		(女 Female)		
手提電話 Mobile : (男 Male) _		(女 Female)		
電郵地址 Email : (男 Male)		(女 Female)		
拍拖多久 How long dated:		預算結婚日期 W	預算結婚日期 Wedding date:	
如何得知此服務 How did you	know this service:網頁	頁 website / 教會 church / 朋友	攴 friend / 其他 others	
所選擇輔導員名稱 Name of C	ounsellor Preferred:_			
Terms & Conditions 接受輔導服剂	务之條件:			
1. 輔導過程必須兩人一同參加 T	he couple must attend to	gether		
2. 本會有權決定是否接受此輔導	服務之申請 MFFC holds	the right whether the service to	be rendered	
3. 提供此輔導服務的地點將會在	本會或輔導員之辦事處 TI	he service venue will be held at	MFFC office or counsellor's office	
			Any suggestion/advise from the	
-	-	Client shall hold his/her final di	-	
		•	ential and only for MFFC internal use	
		_	hould client refuses to work together with	
the counsellor, MFFC hold the				
本人明白及同意以上條件 lund				
			(女 Female)	
日期 Date:				
費用:每對 \$340 ,已包括《Pr Fee:Each couple \$340 , inclu 付款方法 Payment method:	·			
□ 信用卡 credit card :				
VISA MASTER	RCARD	AMEX		
, ,	te:			
持卡人姓名(請用英文	正楷填寫) card holder r	name in English:		
持卡人簽名 card hold	er signature:			
□支票 cheque (抬頭請寫 paya For information on the Privacy Poli	_	•	://www.mffc.org.au/about/privacy/	
For Office Use:				
Received the application on:		Payment Processed on:		
Approved by MFFC on :		Case No :		
Date of Meeting:		3		