

Date of Meeting:

1. \_\_\_\_\_

P.O. Box 587, Parramatta, NSW 2124 Tel: (02) 9715 6923; Fax: (02) 9715 6924 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 Counseling	g Service Enrolment Form
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
所屬教會 Church : (男 Male)	(女 Female)
電話號碼 Phone(公司 work) : (男 Male)	(女 Female)
	(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 Wedding date:
如何得知此服務 How did you know this service:網頁/教會	/朋友/其他 website/church/friend/others
the counsellor, MFFC hold the right of terminating the service	white whether the service to be rendered vice venue will be held at MFFC office or counsellor's office 疗決定是否接納導員的意見 Any suggestion/advise from the shall hold his/her final discretion. In provided here is confidential and only for MFFC internal use 上此服務 During service, should client refuses to work together with the
本人明白及同意以上條件 I understand the Terms & Condit	
	(女 Female)
日期 Date:	日期 Date :
費用 Fee: 每對 Each couple\$296, 另支付 PREPARE/ENF	RICH 測驗問卷費用 add assessment fee\$44, 合共 Total: <b>\$34</b> 0
付款方法 Payment method : □ 信用卡 credit card : □ VISA	MEX
信用卡號碼 card number	
持卡人姓名(請用英文正楷填寫) card holder name in Englis	
持卡人簽名 card holder signature:	
For information on the Privacy Policy of Marriage & Family For Chri	st (MFFC), please visit http://www.mffc.org.au/about/privacy/
For Office Use:	
	Payment Processed on:
Approved by MFFC on :	Case No :