

HONG KONG UNIVERSITY  ALUMNI ASSOCIATION
香港大學校友會

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ASSOCIATE LIFE MEMBERSHIP APPLICATION FORM

(Please fill in all details & send it back to the Association at the above address for processing. You must be a current or past Court, Council, or Foundation Member, or a Term I or Term II Staff Member of HKU to qualify for this category of membership)

(Prof. / Dr. / Mr. / Mrs. / Ms.)
FULL NAME : in English _____
in Chinese _____ **Sex:** _____

Date of Birth (yyyy/mm/dd) : _____ **HKU Connection*:** _____

Degree(s) : _____ **Year(s) of Graduation:** _____

Name of University: _____

Occupation : _____ **Mobile No.** : _____

Address : (Please ___in ___ as appropriate for future correspondence.)

Residence: _____

Tel: _____ Fax: _____

E-mail: _____

Office: _____

Tel: _____ Fax: _____

E-mail: _____

I, the undersigned, hereby authorize HKUAA to confirm my personal details with HKU for the purpose of this application and I hereby agree, if elected to become a member, to be bound by the Memorandum and Articles of Association and the bye-laws of the Association.

Signature of Applicant : _____

Hong Kong ID Card/Passport No.: _____

Date : _____

*(Please specify whether you are a current or past Court, Council, or Foundation Member, or a Term I or Term II Staff Member of HKU.)