

LIFE MEMBERSHIP APPLICATION FORM

(Please fill in all details & send it back to the Association at the above address for processing.)

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

Name in HKU (if different) : _____ **Date of Birth** (yyyy/mm/dd) : _____
Degree(s) : _____ **Year(s) of Graduation:** _____
Faculty : _____ **Occupation** : _____
Hall : _____ **Mobile No.** : _____

Address : (Please tick in as appropriate for future correspondence.)

Residence: _____

Tel: _____ Fax: _____
E-mail: _____

Office: _____

Tel: _____ Fax: _____
E-mail: _____

Membership at other HKU alumni bodies : _____

I hereby authorize the Hong Kong University Alumni Association to confirm my personal details and check/verify my University Number with HKU for the purpose of this application.

Signature of Applicant : _____

Hong Kong ID Card / University No.*: _____

Date (yyyy/mm/dd) : _____

* delete as appropriate