

HONG KONG UNIVERSITY  ALUMNI ASSOCIATION
香 港 大 學 校 友 會

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Ordinary Membership Application Form

(Please fill in all details & return the form to us either by fax at 2523 2660 or by mail at the above address for processing.)

Full Name : in English (Prof. / Dr. / Mr. / Mrs. / Ms. *) _____
in Chinese _____ **Date of Birth** : ____/____/____ (dd / mm / yyyy)

Name in HKU
(if different) : _____ **Gender** : male / female *

Occupation : _____ **Mobile** : _____

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

Faculty : _____ **Hall** : _____

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 : _____

HKID Card / HKU no. : _____

Date (dd / mm / yyyy): ____/____/____

* delete as appropriate