

HONG KONG UNIVERSITY  ALUMNI ASSOCIATION
香港大學校友會

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SUBSCRIBING MEMBERSHIP APPLICATION FORM

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

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

Date of Birth (yyyy/mm/dd) : _____ **Occupation** : _____
Mobile No. : _____ **Position Held** : _____

Address : (Please tick 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 the relevant authorities 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 (yyyy/mm/dd) : _____

(The applicant should arrange to complete this section before submission)

The above named applicant is personally known to us and we believe him/her to be a suitable person to be elected as a Subscribing Member of Hong Kong University Alumni Association.

Name of Member proposing _____
(In block capitals)

Signature _____

Name of Member seconding _____
(In block capitals)

Signature _____

Date : _____ (yyyy/mm/dd)