

# 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)

(Dr. / Mr. / Mrs. / Ms.)

**FULL NAME** : in English \_\_\_\_\_

in Chinese \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Date of Birth** (dd/mm/yyyy) : \_\_\_\_\_ **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.)