香 港 Room 101 Yip Fung Buik Tel: 2522 796 Email: <u>hkuaa@hkua</u>	SITY ALUMNI ASSOCIATION 大 學 校 友 會 ding, 2 D'Aguilar Street, Central, Hong Kong. 28; 2523 0789 Fax: 2523 2660 a.org.hk Website: www.hkuaa.org.hk BERSHIP APPLICATION FORM
	to the Association at the above address for processing.)
Full Name : (Mr. / Ms. / Mrs.) in English	
in Chinese	
Date of Birth	
Graduation University / School :	
Graduation Year :	Degree / Subject :
Desidement	propriate for future correspondence.)
Tel:	Fax:
E-mail:	
Office:	
Tel:	Fax:
E-mail:	

I, the undersigned, hereby authorize HKUAA to confirm my personal details with relevant party (parties) for the purpose of this application and I hereby agree, if accepted 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 : \_\_\_\_\_

(dd/mm/yyyy)

## Nomination Form for Subscribing Member

Note: Applicant must complete this section before submission. Both Proposer and Seconder **MUST** be current HKUAA Life / Ordinary Members.

We, the undersigned, hereby nominate the above named applicant who is personally known to us and we believe him/her to be a suitable person to be accepted as a Subscribing Member of Hong Kong University Alumni Association.

Name of Proposer:	 	
(In block capitals)		
HKUAA Member No. /HKID:	 	
Address:	 	
Mobile No:		
Signature:	 	
Date:	 (dd/mm/yyyy)	
Name of Seconder:	 	
(In block capitals)		
HKUAA Member No. /HKID:	 	
Address:	 	
Mobile No:	 	
Signature:	 	
Date:	 (dd/mm/yyyy)	