香港大學校友會

Room 101 Yip Fung Building, 2 D'Aguilar Street, Central, Hong Kong. Membership Service Tel: 34211218 Fax: 2523 2660 Email: membership@hkuaa.org.hk Website: www.hkuaa.org.hk

ASSOCIATE MEMBERSHIP APPLICATION FORM

Please fill in all details & send it back to the Association at the above address/ fax/ email for processing.

ONLINE APPLICATION is also available at the above website for FASTER PROCESSING.

You must be a current or past Court, Council, or Foundation Member, or a Term I or Term II or Bands B-J staff of HKU to qualify for this category of membership

Full Name: (as HKID/ Passport)	In English (Prof./Dr./Mr./Ms./Mrs.)	(Surname),		(Given Name)	
	In Chinese	Date of Birth:	(dd)/	(mm)/	(yyyy)
Gender:		Mobile:			
University:				HKU graduo rdinary/Life M	
Degree(s):		Year(s) of Gradua	ation:		
HKU Connection:	*(Current/ Past) *(Court Member Foundation Member(in propria			*delete as a	
Occupation:					
Address:					
		Tel:			
Email:		Fax:			
conditions fo Articles of A I he The I ac sub I a	rigned, hereby declare that the information per membership services. I hereby agree, if accessociation and the bye-laws of the Association ereby authorize the Hong Kong University Alee University of Hong Kong for the purpose of eknowledge that applications who failed to subject to delay in processing, or application being cknowledge that HKUAA reserves all rights the existence.	pted to become a member,	to be bound by the A) to confirm my	ne Memorandum personal details	and with Il be

I acknowledge that HKUAA reserves the right to make amendments of the terms and conditions for membership

Signature of Applicant : _____

Date (dd/mm/yyyy) : _____

Hong Kong ID Card No./ Passport No.:

services from time to time.