

HONG KONG UNIVERSITY  ALUMNI ASSOCIATION  
香港大學校友會

Room 101, 1/F, Yip Fung Building, 2 D'Aguiar Street, Central, Hong Kong  
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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 (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