香港大學校友會

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

ORDINARY 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 http://www.hkuaa.org.hk/registration.asp for FASTER PROCESSING.

Please attach a copy of your HKU Graduation Certificate, Transcript, Certificate of Graduation, or any proof to show that you are a HKU Graduate.

Full Name: (as HKID/ Passport)	In English (Prot./Dr./Mr./Ms./Mrs.)	(Surname), (C			Given Name
	In Chinese	Date of Birth:	(dd)/	(mm)/	(уууу
Name in HKU	J:	Gender:			
Occupation:		Mobile:			
Degree(s):		Year(s) of Graduation:			
Faculty:		Hall:			
Address:					
		Tel:			
Email:		Fax:			
Membership alumni bodies:	at other HKU				
conditions Articles of	ersigned, hereby declare that the information per for membership services. I hereby agree, if access association and the bye-laws of the Association I hereby authorize the Hong Kong University Al The University of Hong Kong for the purpose of I acknowledge that applications who failed to subsubject to delay in processing, or application being I acknowledge that HKUAA reserves all rights decisions. I acknowledge that HKUAA may process or parauthorized independent agents. HKUAA maintain to my personal data by anyone, including its staff I acknowledge that HKUAA reserves the right to services from time to time.	umni Association (HKUAA this application. omit supporting document and declined. to make ultimate decision of the ass my personal data withing the strict security controls design.	o be bound by the object of the confirm my discorrect personal and memberships the Association signed to prevent	personal details was information will personal details was all information will personal pers	and vith I be uted tive tess
	S	Signature of Applicant:			
	Hong Kong ID Card No./ Passport No.	./ HKU University No.:			

Date (dd/mm/yyyy) : _____