



WAH YAN (HONG KONG) PAST STUDENTS ASSOCIATION LIMITED

c/o Wah Yan College, Hong Kong
281 Queen's Road East, Wanchai, Hong Kong

Phone/Fax: 28939290

Member Number box

MEMBERSHIP APPLICATION FORM

A. PERSONAL PARTICULARS

Surname: Other Name: Name in Chinese:

Year of Form Five graduation (Note 1): Date of Birth (dd/mm/yy):

Correspondence Address:

Phone: (Home) (Office) Ext. Fax: (Home) (Office)

Mobile: Pager: Email Address: @

Position Held: Company:

B. MEMBERSHIP

- Life Member (Subscription: HK\$2,000)
Associate Member (Joining fee: HK\$100, Subscription: HK\$2,000)
Ordinary Member (Joining fee: HK\$100, Annual Subscription: HK\$300) (Note 2)
Student Member (\$50 for 5 years)

I am a former student/ordinary member, my member number is: / but I have forgotten the number.

Name of Proposer: Member Number: Signature:

Name of Seconder: Member Number: Signature:

C. DECLARATION

I hereby agree to abide by the Memorandum & Articles of Association of the Wah Yan (H.K.) Past Students Association Limited ('the said Association'). I understand that the information provided will be kept and used by the said Association for verification of my eligibility for membership as defined in the Articles of Association of the said Association and for communication with its members for the purpose of promoting alumni activities. The information may be provided to Wah Yan College, Hong Kong for similar purposes if required. This application may not be considered if the information provided is inadequate or inaccurate. The personal data will be deleted on cessation of membership.

Signature of Applicant: Date:

Notes

- If you left the school before Form Five, please insert the year you would have been in Form Five (e.g. F4 in 1996/97, insert '1998'; F6 in 1996/97, insert '1996').
Annual subscription will be exempted on documentary proof of being a principal card holder of a valid Wah Yan (H.K.) PSA Visa Card.
Please write your name at the back of the cheque and make it crossed and payable to 'Wah Yan (H.K.) Past Students Association Ltd'.

FOR OFFICIAL USE ONLY

Table with columns: Received on, Cheque #, C/Q to Treasurer, Letter A, M-card & Ltr B, D/P, Checked by, Batch #, Year, Member Type, Member Number, Official Receipt #, PP Ver., SC Ver., New/Old/Rej

Recorded by Verified by Endorsed by Remarks:

Membership Registrar () Hon. Secretary, Council () Chairman, Council ()

Date: Date: Date: