

KWAI MING WU MEMORIAL SCHOOL OF THE PRECIOUS BLOOD
ALUMNI ASSOCIATION
寶血會伍季明紀念學校校友會

Membership Application Form/Membership Renewal /
Information Update Form
會員申請表/會員續會/資料更新表格

Please select one 請選擇其中一項:

New Membership 新會員 (Please choose ONE from the followings 請選擇其中一項:)

I under the age of 18, would like to apply for membership 本人(未滿十八歲) 欲申請成為校友會之普通會員*

I at the age of 18 or above, would like to apply for membership 本人(十八歲或以上) 欲申請成為校友會之普通會員*

I would like to apply for life membership.本人欲申請成為校友會之永久會員*

*未滿十八歲之普通會員每年會費港幣十元正; 十八歲或以上之普通會員每年會費港幣二十元正; 永久會員一次過繳付港幣五百元正 The membership fee for members under the age of 18 is HKD10 per year; at the age of 18 or above is HKD20. The life membership fee is one-off HKD500.

Membership Renewal 續會

(Please select "Membership Renewal" if your membership had expired or would expire soon 若您的會籍已過期或即將到期, 請選擇「續會」)

Information Update 更新個人資料

PLEASE PRINT IN BLOCK LETTERS 請用英文正楷填寫

Name 姓名: _____ (English 英文) _____ (Chinese 中文)

Sex 性別: _____ Date of Birth 出生日期: (dd/mm/yyyy) _____/_____/_____

Address 地址: _____ (English 英文)

_____ (Chinese 中文)

Contact No. 聯絡電話: _____ E-mail Address 電子郵件: _____

Occupation 職業: Employed 就業: Occupation Title 職位 _____ Nature of Business 業務性質 _____

Studying 在學(Current School 就讀學校: _____)

Others 其他: _____

Year of Graduation 畢業年份: _____ (Class 班別: _____) Class Teacher 班主任: _____

本人現申請成為校友會會員, 願意支持及參與合乎校友會宗旨的活動, 並確保以上資料正確無誤, 亦同意按照本會的個人資料政策作有關用途。I hereby apply for membership and pledge to support and participate in working towards the objectives of the Association. I declare that the information given is correct and consent that information can be used in accordance with the Association's Policy on Personal Data.

Signature 簽署 _____ Date 日期 _____

[The personal data provided by means of this form will be used solely for the record and contact purposes. 所有個人資料將絕對保密, 只作本會記錄及聯絡用途。]

OFFICIAL USE ONLY

Date Received _____ Received By _____ Cash / Cheque Number _____

Payment Method: Membership fee can be made by cheque (payable to "**KWAI MING WU MEMORIAL SCHOOL OF THE PRECIOUS BLOOD ALUMNI ASSOCIATION**") or deposit cash into the Association's bank account (HSBC a/c **178-679726-292**). The copy of the receipt should be returned with the Application Form in person or by mail.

付款方法: 可用支票(支票抬頭請寫**寶血會伍季明紀念學校校友會**)或直接把現金存入本會設於匯豐銀行之戶口, 號碼**178-679726-292**。把收據連同本申請表親身或郵寄至本會。

*****Please do not mail cash 切勿郵寄現金*****