

The Optometry Alumni Association of The Hong Kong Polytechnic University

Membership Application Form

Name (English) _____

(Chinese) _____

Sex _____

(The name should be identical to which appears on the HKID card)

HKID Card no. _____

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Federation (FHKPUAA) Card no. _____

(if usable)

Correspondence Address _____

Telephone no. _____

(H)

(O)

(M)

E-mail _____

Fax no. _____

Occupation _____

Name of Employer _____

Title of Award _____

Year of Graduation _____

Type of membership _____

Life / Ordinary (From 1st Jan to 31st Dec)*

* please delete as appropriate

Membership fee (Life \$500; Ordinary \$50 per year)

Payment method of Membership Fee:

Please issue crossed cheque with appropriate amount payable to "The Optometry Alumni Association of The Hong Kong Polytechnic University".

Are you interested in joining the Federation of The Hong Kong Polytechnic University Alumni Associations (FHKPUAA)? **Yes** / **No**

(For your information, the membership fee of FHKPUAA is \$15 per year. FHKPUAA members can enjoy all the benefits offered by FHKPUAA. For detailed benefits, please browse the webpage <http://www.fhkpuaa.org.hk>)

I confirm that the information given above is true and complete and I understand that the information will be kept in strict confidence by the Optometry Alumni Association (OAA). I acknowledge that the use of the membership card is subject to terms and conditions as laid down by the OAA.

Signature of Applicant _____

Date _____

For Approval by OAA

This is to confirm that the information provided by the applicant has been verified.

OAA Membership no. _____

Valid Through ____/____ (MM/YY)

Authorised Signature/ Chop _____

Date _____

Remarks: OAA would **preferentially** deliver any message to members via **e-mail** or **fax**.