



**HKU Chinese Martial Arts Alumni Association Ltd.**

**香港大學中國武術舊生會有限公司**

<http://hkucmaaa.org.hk> e-mail: [cmaaa@hku.hk](mailto:cmaaa@hku.hk)

Please fill in BLOCK LETTERS 請用正楷填寫

## Membership Registration Form

### 會員登記表格

Name姓名 (Mr./Mrs./Ms./Dr./Ir.) \_\_\_\_\_ (English英文)

\_\_\_\_\_ (Chinese中文)

Contact Tel. No聯絡電話 \_\_\_\_\_ (Home住宅) \_\_\_\_\_ (Mobile流動)

Correspondence Address聯絡地址

Year of Birth 出生年份 \_\_\_\_\_ E-mail Address\*電子郵箱\* \_\_\_\_\_  
(\*communication mainly by e-mail. 主要以電郵方式傳遞消息)

**For HKU Graduate, please complete below (香港大學畢業生，請填寫此部)**

Degree Obtained (year of graduate): \_\_\_\_\_ ( \_ \_ \_ )

from the Faculty of \_\_\_\_\_

☐ I was a full member of Chinese Martial Arts Club, HKUSU from year \_\_\_\_\_ to \_\_\_\_\_.

☐ I have never joined the club during my years of studying.

1. Full Member (FM) 普通會員: applicable to any HKU graduates 適用於所有港大畢業生

2. Affiliated Member (AM) 附屬會員: applicable to all non-HKU graduates 適用於所有非港大畢業之人士

3. Membership fee會費: Annual每年 - \$100 Life永久 - \$800

4. Payment method付款方法:

1) By sending a crossed cheque, payable to The University of Hong Kong Chinese Martial Arts Alumni Association Ltd, to “沙田火炭坳背灣街41/43號 安華工業大廈16樓 A室” with the completed registration form. Please write the member's name on the reverse of the cheque.

以支票方式，支票抬頭：「香港大學中國武術舊生會有限公司」，支票背面請寫上會員姓名，並連同填妥的入會登記表格，郵寄致：沙田火炭坳背灣街41/43號 安華工業大廈16樓 A室

2) By direct deposit to the company bank account at HSBC a/c no. 640-031076-001 and fax the receipt with the completed registration form to 2886-9434.

存入本公司設於匯豐銀行的戶口號碼640-031076-001，並將存票連同填妥的入會登記表格，傳真致 2886-9434

*The information provided will be used for membership recruitment, activity planning and promotion, statistic and related purposes only. It may be disclosed to authorized persons in processing the information for the purposes related to the above-mentioned functions. The applicants have the right to request access to or correction of personal data provided on this form in accordance with the provisions of the Personal Data (Privacy) Ordinance. Such requests must be made in writing to the General Secretary of this association.*

申請人提供的資料，只用於會員招募、活動計劃及推廣、統計等相關用途。獲指派負責有關事宜的人員，都可以得知這些資料。申請人有權按照《個人資料（私隱）條例》的規定，以書面形式向本會之常務秘書要求查閱或更正填報於表格內的個人資料。

簽 名 Signature : _____  日期 Date: _____	<b>For Official Use</b> Receipt No. : _____ Membership no. : _____ <b>FM / AM</b> Cash/Cheque #. & Bank : _____
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## Membership Registration Form (Junior Affiliated Member)

### 會員登記表格 (附屬青年會員)

[for person aged below 18 適用於年齡十八歲以下之人士]

Name姓名 (Mr./ /Ms.) \_\_\_\_\_ (English英文)

\_\_\_\_\_ (Chinese中文)

Contact Tel. No聯絡電話 \_\_\_\_\_ (Home住宅) \_\_\_\_\_ (Mobile流動)

Correspondence Address聯絡地址 \_\_\_\_\_

Year of Birth 出生年份 \_\_\_\_\_ E-mail Address\*電子郵箱\* \_\_\_\_\_  
(\*communication mainly by e-mail. 主要以電郵方式傳遞消息)

#### \*\*申請人之家長需填妥下列同意書\*\*

本人同意 \_\_\_\_\_ 參與香港大學中國武術舊生會為附屬青年會員。

家長姓名： \_\_\_\_\_ 與申請人之關係： \_\_\_\_\_

家長簽署： \_\_\_\_\_ 日期： \_\_\_\_\_

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申請人 簽名 Signature: _____ 日期 Date: _____	<b>For Official Use</b> Receipt No. : _____ Membership no. : _____ <b>Junior AM</b> Cash/Cheque #. & Bank : _____
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