

香港青少年德育勵進會屬校校友會  
Schools of the Encouragement of Character Training  
for the Youths of Hong Kong Alumni Association  
會員申請表  
Membership Application Form

會員編號

Membership No. : \_\_\_\_\_

(此欄由本校職員填寫 Official Use Only)

請用正楷填寫 Please fill in the following with block letters

中文姓名 Name in Chinese : _____	英文姓名 Name in English : _____
出生日期 日 月 年 Date of Birth : _____(day) _____(month) _____(year)	性別 男 女 Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female
畢業/離校年份 Year of Graduation/Leaving : _____	畢業於 上午校 下午校 一胡 沙胡 Graduated from: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> DCFWMS <input type="checkbox"/> STWDCFWMS
職業 學生 在職 家庭主婦 退休人士 其他(請列明) Occupation : <input type="checkbox"/> Student <input type="checkbox"/> At work <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Others (Please specify) _____	
通訊地址 (請用英文正楷填寫) Address for Correspondence (Write in English block letters) _____	
聯絡電話 住宅 流動電話 Contact No : (Home) _____ (Mobile) _____	傳真機號碼 Fax No. : _____
電郵地址 E-mail Address : _____	Facebook 帳戶 : _____
擬加入為 Desired to join as :	<input type="checkbox"/> 一般會員 Ordinary Member (HK\$50 每年會費 per annum) <input type="checkbox"/> 永久會員 Lifetime Member (HK\$200 永久會費 Lifetime fee)
擬參加 Desired to join as :	<input type="checkbox"/> 校友會常務委員會成為委員(須年滿21歲) Alumni Association Committee Member (must be aged 21 or above)
擬加入為 Desired to join as :	<input type="checkbox"/> 校友會活動義工 a Volunteer of Activities Group
聲明 Declaration	本人証實所提供的資料均為真實及正確, 並明白如提供虛假資料將引致本申請作廢。 I certify that all information provided is true and correct, and I understand that the provision of fraudulent information will render this application null and void.
申請人簽署 Applicant's Signature : _____	日期 Date : _____
*家長/監護人簽署 (18歲以下的校友) Parent/Guardian's Signature (Alumni aged under 18) : _____	
請以劃線支票繳付會費並於抬頭註明「香港青少年德育勵進會屬校校友會」並連同申請表寄往: 新界沙田第一城得寶街8號「胡素貞博士紀念學校」或沙田乙明村街2號「沙田圍胡素貞博士紀念學校」收, 現金可直接交回兩校校務處。 Please pay your membership fee by a crossed cheque payable to "Schools of the Encouragement of Character Training for the Youths of Hong Kong Alumni Association" and send the cheque together with the application form to "Dr. Catherine F. Woo Memorial School, 8, Tak Po Street, City One Shatin", or "Sha Tin Wai Dr. Catherine F. Woo Memorial School, 2 Jat Min Chuen Street, Shatin". Cash is also accepted at the school offices.	
此欄由本校職員填寫 Official Use Only	
會員編號 Membership No. _____	審核者 Checked by _____

請在適當方格內加上「✓」號 (Please put a "✓" in the appropriate box.)

\*少於 18 歲的校友其入會申請須得家長/監護人同意。 Applicants under age 18 should get the approval of the consenting parent or legal guardian.  
提供的個人資料只用作招收會員之用。 Personal data provided will be used solely for the purposes of recruiting members.