

Hong Kong University Alumni Association of Southern California

Membership Information Form

Mr. /Ms. _____ Chinese Name: _____

Faculty & Hall at HKU if applicable: _____

Degree & year of graduation if applicable : _____

Address (H): _____

Tel. (H): _____ Fax: _____

Tel. (Cell): _____ E-mail : _____

Profession: _____ Title: _____

Company: _____ Tel. (W): _____

Address (W): _____

Spouse: _____ Chinese Name: _____

I would like to serve on the following committee(s):

Membership Program Mentorship Website Scholarship
Membership:

- Ordinary – annual subscription waived
- Life – one time subscription \$250
- Associate – annual subscription \$25

Membership Information Form and check, if applicable, payable to HKUAASC to be mailed to P.O. Box 1812, San Gabriel, CA 91778

Signature _____ Date _____