



MEMBERSHIP FORM

Please complete the form below and send it back to us by fax (2857 9396) or by mail.

PERSONAL INFORMATIONS

Last Name*: _____ First Name*: _____

Age : under 16 / 16 – 25 / 26 – 35 / 36 – 45 / above 45 (Please circle the appropriate)

Sex : Male / Female Date of Birth*: _____ / _____ / _____ (DD / MM / YY)

Tel (Mobile)*: _____

Company : _____ Tel (Office) : _____

Address*: _____

Email*: _____

Income (HKD): below 15,000 / 15,000 – 50,000 / 50,000 – 100,000 / above 100,000 (Please circle the appropriate)

* Compulsory Fields

IMPORTANT DATES

Fill in your important dates (birthday / anniversary etc.) so that we can remind you well before they come!

Date : _____ Occasion : _____

Date : _____ Occasion : _____

Date : _____ Occasion : _____

Date : _____ Occasion : _____

FOR STAFF ONLY

Membership Number : _____ Joining Date : _____

All information collected are for internal use only.

If you do not wish to receive product and service offers from us in the future, please indicate here.