



Please fill in and return to scrmembers@hku.hk

Membership Application Form

Applicant's Full Name (Prof/Dr/Mr./Mrs./Ms./Miss)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
	<i>First name</i>	<i>Last name</i>	
Position held at HKU	<input style="width: 95%;" type="text"/>	Staff Number	<input style="width: 95%;" type="text"/>
Department	<input style="width: 95%;" type="text"/>	Faculty	<input style="width: 95%;" type="text"/>
Email Address	<input style="width: 95%;" type="text"/>	Date of birth <i>(Optional)</i>	<input style="width: 95%;" type="text"/> (DD/MM/YY)
Office Number	<input style="width: 95%;" type="text"/>	Mobile Number	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>	Referred by (Name and Membership number)	<input style="width: 95%;" type="text"/>

Please select your membership category:

- Ordinary Member:** Full time staff at TOSI/Band G-J/Wardens of Residential Halls and Colleges \$132/month
- Joint Member:** Ordinary Member joining with spouse \$200/month
- Associate Member:** Ineligible for Ordinary membership but directly associated with the University (e.g. visiting scholars, members of the Court and the Council of the University) \$132/month

Please specify the direct relationship with the University: _____

- Senior Retired Member:** For pre-existing Ordinary members only (Existing membership number: _____) \$40/month
- Affiliate Member*:** Ineligible for Ordinary and Associate membership but has sufficient connection with the University \$150/month

Please specify: _____

Full Name and Signature of (Club Manager's Representative)

Full Name and Signature of Proposer (Existing SCR Ordinary Member) _____
Membership Number of Proposer

***Visiting hours for Affiliate Member – Monday to Friday after 3:00pm, weekend and public holiday.**

Please fill in the below if you are applying for Joint membership for your spouse (Applicable to Ordinary members only):

Spouse's Full Name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
	<i>First name</i>	<i>Last name</i>	
Spouse's Email Address	<input style="width: 95%;" type="text"/>	Spouse's Mobile Number	<input style="width: 95%;" type="text"/>

Declaration, Terms and Conditions (please tick the box)

I hereby apply for the membership of the Senior Common Room (SCR). I agree to be bound by and comply with the constitution and bye-law of the SCR. I understand that membership fee will be charged on a yearly basis and termination is not applicable within the first month's subscription. I will give at least one-month written notice in writing of my intention to terminate my membership. I understand that the personal data provided in this form will be used internally for the SCR membership database and marketing purposes only. I undertake to pay the SCR promptly on receipt of a payment notice via the university's Online Payment System (OPS) or any other payment method with my email provided above on a pro-rata basis. Application form will be subject to Executive Committee approval.

- I have read and agree to the above declaration, terms and conditions.

Applicant's signature

Date

For internal use only

Status	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined	SCR Membership No. _____
Type	<input type="checkbox"/> Ordinary	<input type="checkbox"/> Joint	<input type="checkbox"/> Associate
	<input type="checkbox"/> Retired	<input type="checkbox"/> Affiliated	Dept. No. _____
Authorized by	Name _____	Position _____	Start Date _____
	Signature _____	Date _____	Expiry Date _____
Remarks	_____ <i>On behalf of Executive Committee</i>		