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Pakistani Students Association Hong Kong

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Membership Form

Personal Details

Membership No. _____

English name: _____ Chinese name: _____

Gender: Male Female Date of birth: ____/____/____

Home Address: _____

Telephone: _____ E-mail _____

Occupation: _____

Company / organization name: _____

Choose one type of membership (Please tick one)

Associate Membership: Sustaining Membership:

A- Associate Membership is open to anybody regardless of age or nationality, free of charge

B- Sustaining Membership is open to any person or corporation willing to support the aims and objectives of the PSA financially

Signature of applicant _____ Date: _____

For members under 18 yrs of age

Parent or Guardian Name (block capital):

Name: _____ Signature: _____ Date: _____

For official use only:

Introduced By: _____ Accepted by: _____

Chairman's Signature: _____ Date: _____