



APPLICATION FOR STUDENT MEMBERSHIP

Personal Demographics (Please in the boxes):

| | |
|----------------|---|
| Title: | <input type="checkbox"/> Mr. <input type="checkbox"/> Miss. |
| 中文姓名: | |
| English Name: | |
| Date of Birth: | |
| Nationality: | |
| RSO No.: | (<input type="checkbox"/> N.A.) |

Particulars of Academic Training

| | | |
|---|----------------------|--------------------------------|
| University / Academic Institution: | | |
| Department: | | |
| Course of Study: | | |
| <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | Year of commencement | Anticipated year of graduation |

Contact Information

| | |
|-------------------------|----------------|
| Correspondence address: | |
| Contact telephone no.: | Email address: |

Declaration:

I declare that the information I have submitted is true and accurate to the best of my knowledge and belief and that I understand that membership gained by misrepresentation of qualifications, status or experience may result in cancellation of my membership with no refund of fees.

Applicant's Signature: _____ **Date (mm/dd/yyyy):** _____