**AHLA-HK Office Membership Application Form**

Applications must be completed in English.

In case of any questions or enquires contact E: sn.ahla@polyu.edu.hk

**MEMBERSHIP TYPE**

Individual Member

**Background Information**

|  |  |
| --- | --- |
| **Surname**  |  |
| **Other Name (s)** |  |
| **Gender**  |  |
| **Nationality**  |  |
| **Address** |  |
| **Institution/affiliation** |  |
| **Job Title**  |  |
| **Phone** |  |
| **Fax** |  |
| **E-mail** |  |
| **Signature**  |  |
| **Date** |  |