



Please fill in and return to [scrmembers@hku.hk](mailto:scrmembers@hku.hk)

## Membership Application Form

|  |                   |   |
|--|-------------------|---|
| Applicant's Full Name<br>(Prof/Dr/Mr./Mrs./Ms./Miss) |                   |   |
|  | <i>First name</i> | <i>Last name</i>  |
| Position held at HKU                                 |                   | Staff Number <span style="float: right;">_____</span>   |
| Department   |                   | Faculty <span style="float: right;">_____</span>  |
| Email Address  |                   | Date of birth <span style="float: right;">(DD/MM/YY)</span><br><i>(Optional)</i> <span style="float: right;">_____</span> |
| Office Number  |                   | Mobile Number <span style="float: right;">_____</span>  |
| Office Address                                       |                   | Correspondence Address <span style="float: right;">_____</span>   |

**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 \$132/month  
(e.g. visiting scholars, members of the Court and the Council of the University)

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 \$132/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     |                   |   |
|                        | <i>First name</i> | <i>Last name</i>  |
| Spouse's Email Address |                   | Spouse's Mobile Number <span style="float: right;">_____</span> |

**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      | Dept. No. _____          |
|               | <input type="checkbox"/> Retired  | <input type="checkbox"/> Affiliated | Start Date _____         |
| Authorized by | Name _____                        | Position _____                      | Expiry Date _____        |
|               | Signature _____                   | Date _____                          | Term _____               |
| Remarks       | _____                             |                                     |                          |