



SENIOR COMMON ROOM  
THE UNIVERSITY OF HONG KONG

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

## Membership Application Form

Applicant's Full Name  
(Prof/Dr/Mr./Mrs./Ms./Miss)

First name

Last name

Position held at HKU

Staff Number

Department

Faculty

Email Address

Date of birth

(Optional)

(DD/MM/YY)

Office Number

Mobile Number

Address

Referred by  
(Name and  
Membership  
number)

Please select your membership category:

- ☐ Ordinary Member: Full time staff at TOSI/Band F-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 \$150/month  
(e.g. alumni, business partner)

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

First name

Last name

Spouse's Email Address

Spouse's

Mobile Number

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 ☐ Approved

☐ Declined

SCR Membership No. \_\_\_\_\_

Type ☐ Ordinary

☐ Joint

☐ Associate

Dept. No. \_\_\_\_\_

☐ Retired

☐ Affiliated

Start Date \_\_\_\_\_

Authorized by

Name

Position

Expiry Date \_\_\_\_\_

Signature

Date

Term \_\_\_\_\_

On behalf of Executive Committee

Remarks