



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)		
	<i>First name</i>	<i>Last name</i>
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 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 (e.g. visiting scholars, members of the Court and the Council of the University) \$132/month

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 (e.g. alumni, business partner) \$150/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 _____

**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	_____		