

Lee Woo Sing College Staff Club



Full Membership Registration & Payroll Authorization Form

	e rsonal Informatio i ./ Miss/ Mr./ Mrs./ Ms.:					
		(In English, surname fi	rst, as a	ppeared in the Staff I.D. Ca	ard) / (In Chinese)	
Staff I.D. No.:	Position & Rank :					
Term of Service:	* A / B / C	Contract Expiry Date :				
Department / Unit:			O:	ffice Tel.:		
Email Address:			_ M	Mobile:		
Office Address:						
I agree to abide be Director of Finance on a monthly basis Lee Woo Sing Cobetween August a between August a Between August a Please ✓ the box of □ I do not want to	e to deduct from my sa s, the meal charge and ollege Staff Club. The nd June: \$20 per month and June: \$8 per month of your choice:	alary the annual member the activities fee (if I just current annual membersh) and family membersh).	ership fooin any ership ership fe	hereby authorize the Unitee (including family menty activities of the Staff Classes is HK\$250 per full resis HK\$100 per family per f	nbers, if applicable) tub in the future) to nember (July: \$30;	
	Name in English	Name in Chinese	Sex	DOB (dd/mm/yy) [optional]	Signature	
Spouse	3				7 6	
Dependant (1)						
Dependant (2)						
Dependant (3)						
Dependant (4)						
* Only immediate family	members of full members can	join the Club as family member	rs			
Signature:				Date :		

*Please delete as appropriate