



Lee Woo Sing College Staff Club



Full Membership Registration & Payroll Authorization Form

Full Member Personal Information

Name: * Prof./ Dr./ Miss/ Mr./ Mrs./ Ms.: _____

(In English, surname first, as appeared in the Staff I.D. Card) / (In Chinese)

Staff I.D. No.: _____ Position & Rank : _____

Term of Service: _____ * A / B / C Contract Expiry Date : _____

Department / Unit: _____ Office Tel.: _____

Email Address: _____ Mobile: _____

Office Address: _____

Payroll Deduction Authorization

I agree to abide by the rules of the Club and pay membership fee. I hereby authorize the University Bursar and Director of Finance to deduct from my salary the annual membership fee (including family members, if applicable) on a monthly basis, the meal charge and the activities fee (if I join any activities of the Staff Club in the future) to Lee Woo Sing College Staff Club. The current annual membership fee is HK\$250 per full member (July: \$30; between August and June: \$20 per month) and family membership fee is HK\$100 per family per year (July: \$12; between August and June: \$8 per month).

Please ✓ the box of your choice:

I do not want to apply for Family Membership

I want to apply for Family membership & provide the family members information below

	Name in English	Name in Chinese	Sex	DOB (dd/mm/yy) [optional]	Signature
Spouse					
Dependant (1)					
Dependant (2)					
Dependant (3)					
Dependant (4)					

* Only immediate family members of full members can join the Club as family members

Signature: _____

Date : _____

*Please delete as appropriate