



Lee Woo Sing College Staff Club



Application for Affiliated / Associate Membership

Applicant 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: _____

Referral Information

Referee Name: * Prof./ Dr./ Miss/ Mr./ Mrs./ Ms.: _____
(In English, surname first) / (In Chinese)

Unit/Department: _____ Title: _____

Signature: _____ Date: _____

Application for Affiliated Membership (for full-time staff of CUHK only)

- 1. I am a full time staff of CUHK and wish to join Lee Woo Sing College Staff Club as
[] Affiliated member (annual membership fee: HK\$600)
2. I support the objectives of the Staff Club and understand my privileges, rights and responsibilities for being an affiliated member.
3. I understand that Lee Woo Sing College Staff Club may contact Human Resources Office to clarify my appointment data in the course of considering my membership application and status if necessary.
4. I understand that I shall be requested to complete the Membership Registration and Payroll Authorization Form to confirm my acceptance of the Affiliated Membership.

Application for Associate Membership (for retired full member only)

- 1. I am a retired Full member of Lee Woo Sing College Staff Club (retired year: _____) and wish to join as Associate Member (life-membership fee: HK\$250)
2. I support the objectives of the Staff Club and understand my privileges, rights and responsibilities for being an affiliated member.
3. I understand that if my application is approved, I shall pay the membership fee by cash or cheque to confirm my acceptance of the Associate Membership.

Signature: _____ Date: _____

For Office Use Only

The application for affiliated membership is approved / not approved / on waiting list*.

Staff-in-charge: _____ Signature: _____ Date: _____



Lee Woo Sing College Staff Club



Affiliated Membership Registration & Payroll Authorization Form

Affiliated 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: _____

Issuance of Membership Card

Please provide a passport size photo to the College Office for issuance of the Membership card.

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 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\$600 per head i.e. \$50 per month.

Signature: _____

Date: _____

*Please delete as appropriate