The India Association Hongkong

Member of CHIA

P.O. Box No.T.S.T. 96625 Kowloon
www.IndiaAssociationHK.com

LIFE / ASSOCIATE MEMBERSHIP APPLICATION FORM

I, the undersigned, apply to become a ☐ Life Member* ☐ Associate Life member** of THE INDIA ASSOCIATION HONG KONG and if admitted, I agree to abide by all the rules, regulations, bylaws and other provisions of the Association, now in force or any future additions, alterations or amendments made there to.

PERSONAL INFORMATION

PHOTO

Name: _____

Date of Birth: _____ Nationality: _____ Sex: ____

Residence Address: _____

_____

Phone:_____E-mail: _____ Fax: _____

EMPLOYMENT INFORMATION

Company Name: _____

Office Address: _____

Phone: _____E-mail: _____Fax: _____

Occupation: _____

Preferred Mailing Address: ☐Residence ☐ Business

I **enclosed the receipt for the amount of HK$2,000.00 being the subscription for Life Membership/ Associate Life Membership.**

Payment Details: By Fps/Bank Transfer

UCO Bank, Hong Kong Bank code 045 Account number: 0110192226 "The India Association Hong Kong"

* Life Members - Only Life Members shall be entitled to vote at General Meetings and be entitled to be elected Officers and or members of the Committee of the Association. Only Indians of the age of 21 years and over shall be admitted as Life Members.

** Associate Life Members -Any other persons not of Indian origin of the age of 21 years and over can apply as Associate Life Members. Associate Life Members shall not be entitled to vote at General Meetings and shall not be entitled to be elected Officers or members of the Committee of the Association.

Signature of Applicant: **Date**:

INDIAASSOCIATION USE ONLY

Proposed By: (Name in Capitals)	Signature:
Life Membership No:	Associate Life Membership No.