



The India Association Hong Kong

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

LIFE / ASSOCIATE LIFE MEMBERSHIP APPLICATION FORM

and if admitted, I agree to al	become a				
PERSONAL INFORMATION					
Name:				-	
Date of Birth:	Nationality:		Sex:	-	
Residence Address:				РНОТО	
Phone:	E-mail:	Fax	:		
EMPLOYMENT INFORMATIO	N				
Company Name:					
Office Address:					
Phone:		E-mail:		Fax:	
Occupation:					
	Residence Busines		-	e Membership.	
Signature of Applicant:			Date:		
the Committee of the Assoc ** Associate Life Members -		s and over shall be ad the age of 21 years ar	mitted as Life Members. nd over can apply as!Associ	ate Life Members.	
Proposed By: (Name in Capitals)			Signature:		
Life Membership No:	Associate Life Membership No:				