



HKUST Staff Association

Application Form for Associate Membership

(This form is for part-time/ retired/ other Staff, and their family members only. For Full-time Staff, please download the Full Membership Application Form at <http://staff.ust.hk>.)

(Please send the completed form with payment by internal mail to Ms Jaime Shing/IELM.)

Name of Applicant :

Surname : _____ (Prof./Dr./Mr./Mrs./Ms.) First name : _____

Relationship with HKUST

Part-time staff

Department _____ Post _____

Family member of Faculty / Staff

Department of Faculty / Staff concerned _____ Post _____

Other : please specify relationship with HKUST _____

Signature _____

Date _____

E-mail _____

Tel. No. _____

** Note: Please return your completed Associate Membership application form together with payment of membership fee (HK\$30/year; cheque to be made payable to “HKUST Staff Association”) to the HKUST Staff Association via internal mail (Ms Jaime Shing/IELM). An Associate Member card will be issued and sent to you when your application is accepted. Annual membership expires on 30th June, renewable upon reapplication.*

For SA Use Only: Email updated and membership card issued on _____
--