Enrollment Form

To: The Hon. Secretary

Diocesan School Old Boys' Association Ltd.

c/o Diocesan Boys' School 131 Argyle Street, Mongkok

Kowloon Tel: 2713-52

Tel: 2713-5268 Fax: 2761-0793 PLEASE ATTACH ONE 1¹/4" RECENT PHOTOS FOR MEMBERSHIP CARD

Dear Sir,

Please enroll me as a Life / Trial Life Member⁽¹⁾ of the Diocesan School Old Boys' Association and I agree to be bound by the Rules and Bye-Laws of the Association.

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I enclose here with the sum of HK\$	being paymen	nt of:	
Life Membership fee			
Trial Life Membership		Free ⁽²⁾	
Notes:			
 Delete whichever not applicable Trial Life Membership shall automatic 	cally expire on the 31st of December	following the 28 th birthday of the applicant.	
PARTICULARS: (Please write fully and	l accurately in BLOCK LET	TERS)	
Full Name:	Chinese:	Chinese:	
Marital status:	Date of Birth	Date of Birth:	
Occupation (Position):	(Line of Business)		
Name of Company:			
Mailing Address:			
Tel. No. (Off.)	(Res.)		
	Email:		
	Facebook:		
Year and Form	Year and Form		
Entering school:	Leaving School:		
Year of School Cert./ HKDSE/ IB	Class of Cert./ HKI		
(Actual or hypothetically projected)	Year (e.g. A, B, C, 1	D, Arts/ D, P, S, M, J, T/ G, L, Z)	
		Country:	
Enclosed please find my cheque payable credit card	to 'Diocesan School Old Bo	ys' Association Ltd.' Or charge to my	
VISA/MC#	CVV/CVC	Card Expiry Date	
Name on card	(Non-refundable)		
Signature:	Date:		
Please delete whichever not applicable: -			
My decision to join is strictly self initiate			
(Name)			
Membership application subject to approval by the	Diocesan School Old Boys' Associa	ation General Committee.	
<u> </u>	FOR OFFICIAL USE ONL	<u>Y</u>	
Application received on:			
Cash / Cheque No:	Bank:	Branch:	
Membership No:	Approved on: _	Approved on:	