

Lam Tai Fai College Alumni Association Membership Application Form

Name:	(Chinese)	(English) Sex:	
Year of Gradua	tion:		
Home Address:	:		
Contact Number	er:		
Email:			
Occupation:			
Name of Comp	any / School:		
Education level	I: <u>Secondary School/</u>	High Diploma/ Associate Degree/	
	Degree/ Master De	gree (Year of Graduation:)	
I have submitte	ed a membership fee	of \$50 to Lam Tai Fai College Alumni Associa	tion.
Signature:		Date:	
	<u> </u>	r official use:	
		(Date)	
Cash	Cheque No.:		
Signature:		Date:	