

APPLICATION FORM FOR INDIVIDUAL MEMBERSHIP

(Please complete this form in BLOCK LETTERS)

Name in English _____

Name in Chinese _____ Title (Ms./Mr./Mrs.) _____
(if applicable)

Date of Birth ____ / ____ / ____ Tax Number _____
(dd / mm / yy) (if available)

Place of Residence HK PORTUGAL MAINLAND CHINA OTHER: _____

Postal Address _____
(required for issuing invoice)

Telephone No. _____ E-mail Address _____

Name of Current Employer/Company _____

Position Held _____

Nature of Business _____

The new member fully subscribes to the statutory objectives and declares that he/she is aware of the obligation to pay the respective annual individual membership fee of €20. By signing below, the applicant, certifies that all information is true and correct to the best of his knowledge.

Signature _____ Date ____ / ____ / ____

Reviewed and approved by the Board of Directors:

Board of Directors Member 1 _____ Date ____ / ____ / ____

Board of Directors Member 2 _____ Date ____ / ____ / ____