

University Parents Community 科大家長協會



Membership Application Form

Adult (1)

Name: _____
(Family) (Given)

Dept.: _____ Email: _____

Office Tel.: _____ Mobile: _____

Adult (2)

Name: _____
(Family) (Given)

Dept.: _____ Email: _____

Office Tel.: _____ Mobile: _____

Home Tel: _____ Address: _____

Children

(1) _____

(2) _____

(3) _____

Family Name

Given Name

Birth Date (d/m/y)

Family Contact Person: _____

UPC Membership No.: _____ (if renewing)

What types of activities would you like to see at UST for children?

UPC Newsletters will be available electronically on the UPC website. Would you like to receive a printed copy? Yes No

I request that this application for University Parents Community (UPC) Membership be accepted, and in so doing I agree to abide by the policies of the UPC and I will not hold the UPC, its officers or employees liable for any loss, injury, or damage to myself, my family members, or my property as a result of participation in UPC activities.

Signature

Date

For Office Use Only
Date Received:

Date Processed:

Amount Paid:

Mem. No:

Exp:

Rept. No.