



Application for Membership

(Member No.: _____)

PERSONAL DETAILS

Name*	(English) _____	(Chinese) _____	Photo
Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth*	_____	Region _____	
Company*	_____	Current Position* _____	

CONTACT INFORMATION

Address for correspondence

Telephone* Mobile _____ Email* _____

 Office _____

 Home _____

ACADEMIC BACKGROUND

Program Graduated in* _____ Intake Year* _____

e.g. Master in Business Administration i.e., enrolled year

DECLARATION:

I declare that the information which I have provided on this application form is complete, accurate, and true to the best of my knowledge.

Applicant's signature Date

APPROVAL (For AAUSJ only)

<input type="checkbox"/> Regular Membership (With degree)	<input type="checkbox"/> Associate Membership (Pre-U or Diploma)
Date* _____ <small>dd / mm / yyyy</small>	Approved by * _____

Remark

1. Member number will be given by the Alumni Association if the application is approved.
2. The personal data collected through this application form shall only be used for the purpose of application, communication and providing the related administrative services.
3. Personal data collected will not be transferred to other institutions without your consent. Personal data may transfer to the authorized entities in relation to the protection of public security, investigation and prosecution of criminal offenses.
4. The applicant is entitled with the right of access and the right to rectify in accord to the law, but such rights shall be exercised through a written request (e-mail, fax, letter) submitted to the Alumni Association of University of Saint Joseph.
5. The application will not be processed if the applicants fail to provide any of the mandatory information (marked with *) as required in the registration form.

For enquiries, please contact ausj@usj.edu.mo or call 8796 5701.

* Mandatory information