



Belilios Old Girls' Association Limited

庇理羅士舊生會有限公司

G.P.O. Box 8301, Hong Kong
香港郵政總局信箱8301號

Membership Application Form

Membership Fee: HK\$500 (one-off payment)

Payment by: Cash Cheque (No. _____ / _____ Bank)
Cheques should be made payable to "Belilios Old Girls' Association Ltd"

Full Name : _____ (_____) Husband's surname : Mrs _____
Surname Other names Chinese name (if applicable)

Year of Graduation (S5): _____ or (S6): _____ Occupation : _____

Correspondence address: _____
Flat/Block Floor Tower/Building

Street/Road/Estate District HK/Kln/N.T.* (delete as appropriate)

Contact nos.: Business Tel. _____ Residential Tel. _____
Mobile Phone _____ Fax _____
E-mail address : _____

I have read the personal data statement (below) and *agree/disagree to the use of my personal data for the said purposes.

Signature Date

Statement on the use of Personal Data :

BOGA intends to use your personal data including your name, year of graduation, e-mail address, correspondence address, telephone number and other contact details ("Personal Data") to send you information relating to Belilios Old Girls' Association Limited ("BOGA"), Belilios Public School ("BPS") and Belilios Old Girls Foundation ("BOGF") or other organizations relevant to BPS including e.g. newsletters, reports, invitations to events organized by BOGA, BPS and BOGF etc. ("Purposes"). Please give us your written consent by checking the box above the Signature (which includes an indication of no objection) for these Purposes. You may in future withdraw your consent to the use and provision of your personal data for direct marketing. In case you wish to withdraw your consent, please email to bogawm@bogahk.org or by post to GPO Box 8301, Hong Kong to indicate so. BOGA shall, without charge to you, ensure that you are not included in future direct marketing activities.

Optional

Please complete the following information which is intended for internal use only (e.g. to facilitate contact and draw expertise for special projects). This information will not be disclosed without your prior consent.

- Residential address (if different from above) : _____
- Employment/Business details:
Name of Employer/Business _____
Nature of Business _____ Position held _____
- Area of expertise : information system legal accounting
 mass media medical financial
 China-related issues education designing
 others, please specify _____

Please return this form and cheque to the Hon. Secretary, Belilios Old Girls' Association Ltd, G.P.O. Box 8301, Hong Kong. Thank you.

Membership No. _____
issued on _____ by _____