



The Society of the Golden Keys
of Hong Kong
(AFFILIATED TO THE U.I.C.H. LES CLEFS D'OR)
"SERVICE THROUGH FRIENDSHIP"



MEMBERSHIP APPLICATION FORM

Associate Member

The Executive Committee may, with the approval of Society in General meeting, elect any person, firm or company who is deemed to possess the appropriate qualifications from election as an Associate Member of the Society. All Persons, firms or companies that apply to become Associate Members should have at least three years successful track record in their business or field.

I wish to become an Associate Member of The Society of The Golden Keys of Hong Kong ("The Society"). I declare that I have reached the minimum requirement for membership.

I understand that by withholding information or making false statement in this application will disqualify me from being an Associate Member of The Society.

I also understand that there will be an entrance fee of HK\$1,000.00 and yearly subscription of HK\$6,000.00.

I further understanding that by joining The Society, I consent to the publication of my image in all kinds of media for the promotion of the goodwill of The Society.



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Applicant Name :

HKID Number :

Date of Birth :

Address :

Telephone Number :

Personal email :

Company Name :

Nature of Business :

Position :

Address :

Telephone Number :

Work/Business email :

Applicant's Signature :

*Business Card is required to submit to the Executive Committee upon application

Note : The Applicant will be notified of his/her application result within 14 days after the General Meeting is held. The Society will not give reason for refusal of any application. Interested person are welcome to re-submit a fresh application after 6 months from the date of the refusal of his/her last application.



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For Office Use:

Date: _____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Refused
Reasons for refusal:		
Signatures of Executive Committee:		
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Retired on: _____	Position: _____ Company : _____
Deceased on: _____	<input type="checkbox"/> Active <input type="checkbox"/> Retired
Resigned on: _____	Reason:
Expelled on: _____	Reason:
<input type="checkbox"/> Requested to have personal data deleted Date: _____	