## 靈糧堂秀德小學

會員編號:A-\_\_\_\_--(由本會填寫 For Offical use only)

## 校友會永久會員登記表格

Ling Liang Church Sau Tak Primary School Alumni Association Life Member Registration Form

| 甲部 PART A 申請人資料 PARTICULARS OF APPLICANT (請在□加 ✓ / Please put a ✓ into the boxes.)   |
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| * 必須填寫部份 Required information.   |
| *英文姓名(姓氏先行·名字隨後) In English—Surname first, then Given Names  |
| 出生日期(Date of Birth): *姓別Sex: □男 Male / □女 Female   |
| *畢業年份(Graduation Year): 職業(Occupation):  |
| 聯絡地址(Correspondence Address):  |
| 電話(Telephone): 傳真(Fax):  |
| *流動電話(Mobile): *電郵地址(E-mail):  |
| <b>乙部 PART B</b> 校友義工 ALUMNI VOLUNTEER (請在□加 ✓ · 可 ✓ 多於一格 / Please put a ✓ into the boxes. )   |
| □能夠作為畢業年份的聯絡人。Can become a contact person for past graduates.  |
| □有興趣參與籌組校友活動。Want to assist in organizing alumni activities (部份幹事職位必須年滿 18 歳 Must be over age of 18  |
| 丙部 PART C 專長/個人資料補充 ADDITIONAL INFORMATION/EXPERTISE/INTEREST  |
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| 丁部 PART D 聲明 Declaration   |
| 本人同意提供上述資料予靈糧堂秀德小學校友會(下稱校友會),並授權校友會將有關的資料作校友會活動及行政之用   |
| 途。本人同意校友會繼續使用本人的個人資料,包括電郵地址、電話號碼及地址,通知本人有關校友會的最新消息或  |
| 活動資料等。The LLCST Primary School Alumni Association may release your latest correspondence address to LLCST Primary School for communication purposes. |
| 校友簽署 Signature of Alumni : 日期 Date :   |
| 家長/監護人姓名 Name of Parent : (若申請人未滿 18 歲‧須同時由家長/監護人簽署)   |
| 家長/監護人簽署 Signature of Parent: (If alumni member is below 18, parents MUST also sign this form)   |
| 借註 Remarks:  |

- 1. 本會尊重你的私隱權利·不會使用你的個人資料作商業推廣或直銷之用途。若你希望停止接收本會發出的訊息·請電郵至 llcst.alumni@gmail.com·通知本會停止 使用你的個人資料。We will not use your personal information for commercial purposes of marketing or direct marketing. If you wish to stop receiving the information issued, please email to llcst.alumni@gmail.com for notification.
- 2. 請將填妥之表格電郵(Ilcst.alumni@gmail.com)、傳真(2109-4699)或郵寄至大嶼山東涌文東路 35 號靈糧堂秀德小學·封面註明「校友會申請表」。Please submit the registration form by E-mail: llcst.alumni@gmail.com, FAX (2109-4699) or mail to Ling Liang Church Sau Tak Primary School (Address: 35, Man Tung Road, Tung Chung, Lantau Island, N.T.)