



Chung Chi College Staff Club



Application for Affiliated Membership

To: Chairperson, Chung Chi College Staff Club

- I wish to join the Chung Chi College Staff Club as an Affiliated Member. Should I be accepted as an Affiliated Member, I shall abide by the Constitution of the Club.
- I understand that my membership status will correspond to my staff status; and upon cessation of my membership, I shall no longer be entitled to using the services and facilities provided by the Club.
- I understand that there is a quota limit on the total number of Affiliated Members. My application will be put on the waiting list should the quota be full, and the Club will notify me should there be any vacancy in due course.
- I understand that should I be accepted as an Affiliated Member, I can apply for an Affinity Card for my spouse.
- I understand and agree that the Chung Chi College Staff Club may contact Human Resources Office to clarify my appointment data in the course of considering my membership application.
- I agree to pay the monthly membership fee according to the charges for Affiliated Members as listed below :

Professor (SL rank) & above (or equivalent)	HK\$48 per month
All others	HK\$36 per month
- I hereby authorize the University Finance Office to deduct from my salary for any money due to the Club inclusive of membership fees, meal bills and activity fees etc.

Name: * Prof./ Dr./ Miss/ Mr./ Mrs./Ms. _____
(In English, surname first, as appeared in the University I.D.Card) (In Chinese)

University I.D. No.: _____ Term of Service: * A/B _____ Contract Expiry Date : _____

Department / Unit : _____ Position & Rank: _____

Office Tel./Ext. No.: _____ Mobile No.: _____

Office Address : _____

Office E-mail Address : _____

Other E-mail Address: _____

Signature: _____ Date : _____

Privacy Policy Statement:

For data collected from or generated by applicants for membership applications in respect of the Chung Chi College Staff Club (the Club) at The Chinese University of Hong Kong (CUHK), the Club pledges to comply with the requirements of the Personal Data (Privacy) Ordinance in the dissemination and management of these data. Data collected will be used for the verification of applicant's CUHK Staff Identity. Data collected will be held / transferred to administrative units within Chung Chi College as management information to facilitate verifications, communication, operations and planning. For correction of or access to personal data held by the Club, please contact the Club. By post: G/F, Chung Chi College Administration Building, Chung Chi College, CUHK, Shatin, Hong Kong /By phone: 3943 9696 / By email:cccstaffclub@cuhk.edu.hk.

For office use only

Membership *approved / disapproved

Membership No. AF-2

Dues checked HK\$ _____ monthly

Membership ACCEPTED on _____

Signature _____

Membership TERMINATED on _____

Signature _____

Remarks:

Temporary card issued _____

New card issued _____

*Please delete as appropriate



附屬會員申請表

致：崇基學院教職員聯誼會主席

- 1. 本人欲成為崇基學院教職員聯誼會之附屬會員。如獲接納成為附屬會員，本人須受會方訂定的會章所約束。
2. 本人明白本人之會籍將與本人之受聘身分有關，一旦終止會籍，本人將不能以會員身分享用會方提供的一切服務及優惠。
3. 本人明白附屬會員會籍的數目是有限額的，如額滿，本人的申請將被置於等候名單之列，直至獲會方通知有配額為止。
4. 本人明白如獲接納成為附屬會員，本人可為本人之配偶申請家屬證。
5. 本人明白及同意崇基學院教職員聯誼會就本人申請會籍而須向人力資源處查證有關本人的受聘資料。
6. 本人同意根據以下附屬會員的會費基準按月繳付會員費：
教授（高級講師）或以上（或同級） 每月 HK\$48
其他人士 每月 HK\$36
7. 本人特此授權大學財務處每月於本人的薪金中扣除會費、餐費和活動費之類的有關崇基學院教職員聯誼會的金錢。

姓名：* 教授 / 博士 / 小姐 / 先生 / 太太 / 女士 (中文) (英文、先寫姓氏、與大學職員證相同)

大學職員證號碼： *「甲」 / 「乙」 類服務條例受聘 約滿日期：

部門 / 單位： 職位名稱：

辦公室電話： 流動電話：

辦公室地址：

辦公室電郵地址：

其他電郵地址：

簽署： 日期：

〈個人資料(私隱)條例〉

對於會員申請香港中文大學(中大)崇基學院教職員聯誼會(本會)會籍時所申報或被收集之個人資料，本會承諾遵守《個人資料(私隱)條例》的規定，保障個人資料。所收集之資料將用於核實申請人為中大僱員的身份。申請人的資料均可由崇基學院的行政部門持有、轉告及用於審核、聯絡、行政及策劃之用途。如須查閱或改正個人資料，可向本會提出。郵寄地址：香港沙田香港中文大學崇基學院崇基行政樓地下/ 電話：3943 9696 / 電郵地址：eccstaffclub@cuhk.edu.hk。

〈會方填寫〉

會籍： * 批准 / 拒絕

會員號碼： AF-2 確定每月會費： HK\$

會籍生效日期： 簽署：

會籍終止日期： 簽署：

備註：

臨時證發出日期： 新會員證發出日期：

* 請刪去不適用者

(以上內容以英文版本為準)