



WAH YAN COLLEGE ALUMNI (VANCOUVER) ASSOCIATION

Membership Registration Form

Name: _____ Chinese name: _____
Last Name First Name

Campus: _____ F5 graduation year: _____
(Hong Kong or Kowloon)

Membership: Student Member Member

Lifetime membership fee: \$50 (waived)

E-mail: _____

Address: _____

City: _____ Province/State: _____

Postal code: _____ Country: _____

Spouse's Name: _____
(optional)

Home telephone: (_____) _____

Office telephone: (_____) _____

Cellular: (_____) _____

Fax Number: (_____) _____

Employer/Institution: _____
(optional)

Profession: _____
(optional)

Signature

Date