



Yan Chai Hospital Wong Wha San Secondary School
Parents Teachers Association
仁濟醫院王華湘中學家長教師會

Affiliate Membership Application Form

附屬會員入會申請表

Name of applicant : _____
申請人姓名 (中文) (英文)

Name of child studied in WWS : _____ Year of graduation : _____ Class : _____
曾在本校就讀子女姓名 畢業年份 班級

Phone (Day) : _____ (Night) : _____ Fax no : _____
聯絡電話(日) (夜) 傳真號碼

Address : _____
通訊地址

E-mail : _____
電郵地址

Affiliate Member 附屬會員:

Any individual who has been principal, teacher or parent of the student of Yan Chai Hospital Wong Wha San Secondary School may join Parents Teachers Association as an Affiliate Member.
本校舊生家長、離任校長及教師均可申請成為附屬會員。

Affiliate member shall not have voting rights and shall not be eligible for election to become a executive member. Benefits of Affiliate member are subject to the discretion of the executive committee.

附屬會員沒有投票權及選舉權。附屬會員可享的權利由常務委員會作最後決定權。

One-off membership fee HK\$50.
終身會費港幣\$50.

Signature of applicant : _____ Date : _____
申請人簽署 日期

Please return the application form and payment to:
請將已填妥的表格及會費交回:

Yan Chai Hospital Wong Wha San Secondary School Parents Teachers Association
仁濟醫院王華湘中學家長教師會
No. 8, Tong Chun Street, Yan Chai Hospital Wong Wha San Secondary School
將軍澳唐俊街八號仁濟醫院王華湘中學