



HKUST Staff Association

Application For Full Membership & Membership Fee Direct Debit Authorization Form

(This form is for Full-time Staff applying for Full Membership only. For other staff / family members applying for Associate Membership, please download the Associate Membership Application Form at <http://staff.ust.hk>.)

(Please send the completed form by internal mail to *Ms Jaime Shing of IELM*.)

I, (Name) _____, being a full-time staff with HKUST Staff ID No. _____, hereby apply for membership in the HKUST Staff Association. I authorize the Finance Office of HKUST to deduct the HKUST Staff Association Annual Membership Fee from my payroll in July every year.

I understand and accept that the current Annual Membership Fee of the HKUST Staff Association is HK\$30. I agree to continue to pay the Annual Membership Fee through deduction from my payroll in the event of any adjustment of the fee as approved at an Annual/ Extraordinary General Meeting of the HKUST Staff Association.

This authorization stands valid at all times except in the event that:

- a) my employment with HKUST terminates; or,
- b) I withdraw my membership in the HKUST Staff Association in writing.

For the first payment of Annual Membership Fee upon my membership application, I understand and accept that it will be deducted from my payroll either in July or December (**please see footnote*).

Signature _____ Date _____

Department _____ Post _____

E-mail _____ Tel. No. _____

** Note: If your membership application happens to miss the membership fee payment exercise in July, the first payment of your membership fee will be deducted from your payroll in December.*

For SA Use Only: Email updated and membership card issued on _____
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