



Membership Application Form

- New Member (Regular) / New Member(Lifetime) /
 Upgrade to Lifetime Member / Update Information

Membership Number: : _____

Section A: Personal Information

Name in Chinese:		Name in English:			Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
ID Card Number (first four characters required)		_____XXX (X)	Date of birth		Y M D	
Address District	HK	<input type="checkbox"/> Central and Western	<input type="checkbox"/> Wan Chai	<input type="checkbox"/> Eastern	<input type="checkbox"/> Southern	
	KL	<input type="checkbox"/> Yau Tsim Mong	<input type="checkbox"/> Sham Shui Po	<input type="checkbox"/> Kowloon City	<input type="checkbox"/> Wong Tai Sin	<input type="checkbox"/> Kwun Tong
	NT	<input type="checkbox"/> Tsuen Wan	<input type="checkbox"/> Tuen Mun	<input type="checkbox"/> Yuen Long	<input type="checkbox"/> Kwai Tsing	<input type="checkbox"/> Islands
		<input type="checkbox"/> North	<input type="checkbox"/> Tai Po	<input type="checkbox"/> Sai Kung	<input type="checkbox"/> Sha Tin	
Correspondence Address						
Phone Number			E-mail Address			
How do you know about HKFEW		<input type="checkbox"/> Referral (Membership Number: _____) / <input type="checkbox"/> Event (Event Name): _____				

I am applying for:

- 【Regular Member】** : Annual Fee HK\$ 50 (waived for this year, valid until December 31, 2024)
 【Lifetime Member】 : HK\$ 250

Section B: Relevant experience / School Information Education Bureau Tertiary Institutions Secondary School Primary School Kindergarten Special School *Other Institutions

School Information:	
School District	HK <input type="checkbox"/> Central and Western <input type="checkbox"/> Wan Chai <input type="checkbox"/> Eastern <input type="checkbox"/> Southern KL <input type="checkbox"/> Yau Tsim Mong <input type="checkbox"/> Sham Shui Po <input type="checkbox"/> Kowloon City <input type="checkbox"/> Wong Tai Sin <input type="checkbox"/> Kwun Tong NT <input type="checkbox"/> Tsuen Wan <input type="checkbox"/> Tuen Mun <input type="checkbox"/> Yuen Long <input type="checkbox"/> Kwai Tsing <input type="checkbox"/> Islands <input type="checkbox"/> North <input type="checkbox"/> Tai Po <input type="checkbox"/> Sai Kung <input type="checkbox"/> Sha Tin
Subject(s) taught: <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Mathematics <input type="checkbox"/> CSD <input type="checkbox"/> Humanities <input type="checkbox"/> Science <input type="checkbox"/> Technology Education <input type="checkbox"/> Music <input type="checkbox"/> Physical Education <input type="checkbox"/> Art <input type="checkbox"/> other subjects:	
Title : <input type="checkbox"/> Principal <input type="checkbox"/> Vice-principal <input type="checkbox"/> Director <input type="checkbox"/> Teacher <input type="checkbox"/> Lecturer / Professor / Researcher <input type="checkbox"/> Teaching Assistant <input type="checkbox"/> Technician <input type="checkbox"/> Administrative Clerk <input type="checkbox"/> Skilled Worker <input type="checkbox"/> Social Worker <input type="checkbox"/> other _____ <input type="checkbox"/> Retired (Please select the positions and subject(s) taught before retirement or resignation.)	

Applicant's declaration: I have confirmed that the information I provide is accurate.

Applicant's Signature : _____ Date : ____Y__M__D



香港教育工作者聯會
Hong Kong Federation of Education Workers

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Office use only

Amount: Cash / Cheque \$ _____ Day: _____ Receipt : _____