



HKAA Membership Application Form

PERSONAL DATA			
Surname _____		Given Name _____ Mr. / Mrs. / Ms. / Prof. / Dr.	
Date of Birth DD/ MM/ /YY _____		HKID No./Passport No. _____	
Mailing Address _____			
Home Tel. _____		Office Tel. _____	
_____		Mobile No. _____	
_____		Fax No. _____	
E-mail Address _____		Occupation _____	
_____		Field of Business _____	
_____		_____	
PRIVATE CAR DATA			
Nominated Car		Additional Car	
Reg. No. _____	Year of Make _____	Reg. No. _____	Year of Make _____
_____	_____	_____	_____
Make _____	Model _____	Make _____	Model _____
_____	_____	_____	_____
<input type="checkbox"/> Please submit a copy of your vehicle registration document. The name on the vehicle registration document must be same as the applicant, otherwise, the vehicle concerned will not be registered as a nominated car and the service rendered to the vehicle concerned will not be effective.			
TYPES OF MEMBERSHIP			
(Please tick the appropriate box)			
	Entrance Fee	Annual Subscription*	
<input type="checkbox"/> Ordinary Membership	HK\$300	HK\$800	
<input type="checkbox"/> Family Membership	-	HK\$650	
Name of Principal Member _____		Principal Membership No _____	
<input type="checkbox"/> Group Membership	HK\$800	HK\$650	
Group Name _____		(Please submit proof of group identity)	
<input type="checkbox"/> Addition Car	-	HK\$650	
* The above annual subscription covers the free emergency rescue service for one nominated private car.			
ANNUAL FEE & PAYMENT METHOD			
No. of nominated car(s) = _____		Total Amount = HK\$ _____	
<input type="checkbox"/> Cheque (Please made payable to "HKAA") <input type="checkbox"/> Charge my credit card for current annual fee <input type="checkbox"/> Charge my credit card for current fee and renew automatically until further notice			
Credit Card Information		<input type="checkbox"/> VISA <input type="checkbox"/> Master Card	
Credit Cardholder _____			
Card A/C no. _____		Expiry Date _____	
Signature _____		Date _____	
_____		_____	
DECLARATION AND SIGNATURE			
I hereby give my consent and authorize the HKAA {"the Association"} so that it may disclose, verify and/or exchange any information supplied to the Association, without further notification to me with its affiliated companies and/or other parties, for marketing and related activities until the Association receives my written instruction to the contrary. Upon my written request, the Association shall, without charge, cease to use my personal information for purposes other than directly related to my membership.			
I/We agree to be bound by the provision of the Memorandum and Articles of Association of the HKAA and also agree and acknowledge that the Association reserves the right of final judgement.			
Applicant's Signature _____		Date _____	
_____		_____	
FOR OFFICIAL USE ONLY			
CODE _____		MEMBERSHIP NO. _____	
_____		_____	