

# The Hong Kong Association for Science and Mathematics Education

## MEMBERSHIP (INSTITUTIONAL) APPLICATION / UPDATE FORM

To: Membership Secretary  
 Hong Kong Association for Science and Mathematics Education  
 Room 14, 1/F, Po On Court,  
 1-15 Po On Road, Shamshuipo, Kowloon.

New application  
 Renewal  
 Update  
 (tick the appropriate box)

*(Please read the notes at the back before completing this form. Personal data collected will only be used for record and statistical purposes. To support the green movement, the HKASME is sending materials via email as far as possible.)*

*\* delete as appropriate*

We would like to **\* join the Association as an Institutional Member / update our record.**

Membership payment method (*Pls tick*):  Cash  Cheque  Auto-pay

School/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Email: \_\_\_\_\_ Member No.: \_\_\_\_\_  
 (if known)

Type of Organization (*Pls tick*):  Primary School  Secondary School  Tertiary Institutions  
 EDB  HKEAA  Others: \_\_\_\_\_

*\* delete as appropriate*

We appoint **\* Prof./Dr./Mr./Ms./Mrs.** \_\_\_\_\_ (in English)

( \_\_\_\_\_ <in Chinese, if applicable>) as our primary contact person.

Home Address: \_\_\_\_\_

Contact Phone: Home: \_\_\_\_\_ Office: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

For all correspondence sent via regular post, please deliver to his (*Pls tick*)  Office  Home

Please also send information (subject/Association news) to the following person(s) via email:

Name	Email	Subject Teaching
		Biology
		Chemistry
		Integrated Science
		Liberal Studies
		Mathematics, Junior
		Mathematics, Senior
		Physics

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

**The Hong Kong Association for Science and Mathematics Education** welcomes schools, institutions and organizations recognized by the Council to join us. The current Annual Fee for an Institutional Member is HK\$800.

There are several ways to pay the annual membership fee, choose the one most convenient to you:

1. **Cash**  
Please complete and return this Application Form together with an appropriate amount.
2. **Cheque**  
Please complete and return this Application Form together with a cheque of an appropriate amount, crossed and payable to ‘**HKASME Ltd**’.
3. **Autopay**  
Please check the “Auto-pay” box and return this Application Form to the Office. We shall then send you a DIRECT DEBIT AUTHORIZATION form with the necessary information. Please complete the authorization form by filling in your banking information and process it **at your banking agency**.

For enquiries, please contact the HKASME Office:

Hong Kong Association for Science and Mathematics Education  
Room 14, 1/F, Po On Court,  
1-15 Po On Road, Shamshuipo, Kowloon.

Tel. No.: 2333 0096, Fax no.: 2333 3355

-----*(For Office Use Only)*-----

Member Category: **Institution** Member No.: \_\_\_\_\_

Date Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

Cheque Number: \_\_\_\_\_ Date Deposited: \_\_\_\_\_

Membership valid from \_\_\_\_\_ to \_\_\_\_\_

Date Processed: \_\_\_\_\_

**For new members, “Date of joining” = “Date Received”**