崇福學校
CHONGFU SCHOOL
ESTD 1915

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MEMBERSHIP APPLICATION FORM

Name of Parent/Guardian: Mr/Mrs/Mdm _____ Occupation: _____

Email address: _____ Contact No(s): _____

Address: _____

Name of child/ward: _____ Class: _____

_____ Class: _____

_____ Class: _____

Please indicate your choice by circling the wing of your preference:

Choice 1: SOCIAL / SUPPORT / EXPERTISE / CLASS LIAISON

Choice 2: SOCIAL / SUPPORT / EXPERTISE / CLASS LIAISON

My areas of specialty (if any): _____
(eg: gardening, website design, event management, digital media, photography etc.)

_____ _____
Signature of Parent/ Guardian Date