

STUDENT MEMBERSHIP APPLICATION FORM 學生會員申請表

*A student member shall be over 12 years of age. 學生成員必須年滿12歲。

*Please complete in both english and chinese. 請以英文及中文填寫。

*Receipt will be mailed to the given email/address. 收據將郵寄到申請表中所提供的電子郵件/地址。

Part 1- Personal Information 個人資料

Title 稱謂 : Mr 先生 Mrs 太太 Ms 女士 Miss 小姐

First Name 名字 (英文) :

Last Name 姓氏 (英文) :

Name in Chinese
(if applicable)
中文姓名 (如適用) :

Date of Birth
出生日期 (月/年) :

M M Y Y Y Y

Email 電郵 :

Contact Number 聯絡電話 :

Correspondence Address
通訊地址 :

Part 2- Academic Qualifications 學歷

Level of Qualification
(e.g. Bachelor / Master)
資格等級 (例如 學士/碩士) :

Current Institution
就讀學校 :

Course of Study
就讀學科 :

Country 國家 :

Current Year of Study
就讀學年 :

Expected Month &
Year of Completion
預計完成的月份和年份
(MM/YYYY) :

M M Y Y Y Y

Acknowledge and Declaration 確認及聲明

1. I, (the undersigned) hereby apply for membership of Hong Kong Extended Reality Association and agree to abide by the rules and regulations of HKXRA. 本人(以下簽署人)特此申請成為香港延展實境協會的會員,並同意遵守協會所訂立的規則。
2. I declare to the best of my knowledge that the information given in this application form is true and correct and all the supporting documents are true copies of the originals. I understand that false declaration will render me liable to disqualification or termination of membership by HKXRA. 本人謹此聲明本申請表中所提供的資料全部真實及正確,所有提供的證明文件,為未經任何修改的副本。本人明白協會如發現本人提供任何虛假資料,可隨時取消或終止本人的會員資格。
3. Applicants' personal data is collected and kept for processing the application for membership and related administrative purposes. The data provided will be handled in accordance with the provisions of the Personal Data (Privacy) Ordinance of the HKSAR. 協會收集及保存個人資料將作為跟進及處理會籍申請及相關之行政的用途。所有提供的個人資料,協會將按照香港特別行政區《個人資料(私隱)條例》的規定處理。
4. The personal data provided in this form will be used by HKXRA for direct marketing activities, including but not limited to the promotion for HKXRA events, activities, survey and other services that it may deploy. If you do not wish to receive such information as stated, please indicate your objection by ticking the box .
此表格所提供之個人資料將供協會進行直接營銷活動之用,包括但不限於協會的活動、獎項、調查和其他服務的推廣。如不欲接收此聲明中的協會資訊,請於空格內填上 /√ 號。
5. E-receipt will be sent to the email given in this application form. If you wish to receive an original receipt, please tick the box .
電子收據將發送到申請表中所提供的電郵地址。如欲收到收據正本,請於空格內填上 /√ 號。
6. I have read, understood and agreed to all details of the above declaration. 本人已細閱並同意上述聲明之全部資料。

Signature
簽署

Date
日期

Submit Your Application 遞交申請表格

Membership Type 會員類型	Annual Membership Fee 會員年費
Corporate Member 公司會員	HKD 3,000
Individual Member 個人會員	HKD 2,000
Student Member 學生會員 (A full-time student enrolled in a tertiary institution. 全日制大專院校在讀學生)	HKD 200
Student Member 學生會員 (A full-time secondary student aged 12 or above. 年滿12歲或以上的全日制中學生)	Free 免費

Please submit the copies of the documents listed below together with the application by post or email to HKXRA secretariat (info@hkxra.org). 請連同申請表及下列文件的副本一起郵寄或電郵至本會秘書處 (info@hkxra.org)。

- Company BR & logo (for Corporate Member)
商業登記副及公司標誌 (僅適用於公司會員)
- Full-time student ID copy (for Student Member only)
全日制學生證副本 (僅適用於學生會員)
- HKID or Passport copy
(for Distinguished Fellow, Individual Member and Student Member only)
香港身分證或護照副本 (僅適用於院士、個人會員及學生會員)
- Payment record 付款記錄

Payment Methods 付款方式

1. ATM / Bank Transfer 櫃員機 / 銀行轉賬:

Beneficiary Name 受款人姓名: Hong Kong Extended Reality Association Limited
Bank Names 銀行名稱: DBS Bank (Hong Kong) Limited
FPS No. 轉數快識別碼: 114138464

Beneficiary A/C No. 受款人戶口號碼: 478-002627625
Bank No. 銀行編號: 016

2. 2. Cheque: Mail a crossed cheque made payable to HKXRA secretariat "Hong Kong Extended Reality Association Limited" together with the invoice. Mailing address to be "10/F, Success Industrial Building, 17 Sheung Hei St, San Po Kong, KLN, Hong Kong"
支票: 以郵寄形式, 郵遞劃線支票及發票至本會秘書處地址, 支票抬頭為「Hong Kong Extended Reality Association Limited」。郵寄地址為「香港九龍新蒲崗17號雙喜街富德工業中心10樓」。



Tel: +852 3616 6589



Email: info@hkxra.org



Website: https://www.hkxra.org/



Address: Unit A, 10/F, Success Industrial Building, 17 Sheung Hei Street, San Po Kong, KLN, HK