UNIVERSITY OF MACAU FACULTY OF LAW ALUMNI ASSOCIATION

Membership Application Form

Name		Chinese						
		Name						
Gender		Place of						
Date of Birth ID type and No.		Origin						
		Place of			D1 .			
		Birth			Photo)		
		Mainland						
		Travel Permit						
		No.						
Wechat ID/		Phone						
Facebook acc.		Number						
Fax		Email						
		Address						
Recommender		Macao Voter I	Registration		yes / no			
Mailing								
Address								
Education &								
Profession								
Work place &								
title								
Current								
Associations								
& Positions								
Remarks	1. Please provide a copy of a valid ID card and Mainland Travel Permit, a recent							
	photo (if available) in JPG format, and a business card;							
	2. Please fill out the form in legible English:							
	3. The submitted data will be processed in accordance with the "Personal Data							
	Protection Act" and used solely for the Association's purposes.							
I hereby apply for membership in the Association, declare that I have read and agree to the "Remarks"								
above, and am willing to abide by the Association's article of association.								
Signature:			Date:	(Year)	(Month)	(Day)		

For Internal Use Only					
Membership No.		Approved by			