



香港電影後期專業人員協會有限公司

ASSOCIATION OF MOTION PICTURE POST PRODUCTION PROFESSIONALS (HK) LIMITED

Student Membership Application Form 學生會員申請表格

學生會員編號 (For Official Use Only)

Student Membership No.: _____

中文姓名 _____ 英文姓名 _____
Name in Chinese: _____ Name in English: _____

性別 _____ 出生日期 (日/月/年) _____ 香港身份證號碼 _____
Sex: _____ Date of Birth (dd/mm/yy): _____/_____/_____ HKID No.: _____

聯絡電話 _____ 電郵地址 _____
Contact No.: _____ E-mail Address: _____

郵寄地址 _____
Postal Address: _____

近照
Recent Photo

學校中文名稱 _____ 學校英文名稱 _____
School Name in Chinese: _____ Name in English: _____

就讀年級 _____ 喜歡的科目 _____
Grade: _____ Favour Subject: _____

推薦老師姓名 _____ 推薦老師簽署 _____
Endorsed by Teacher's Name: _____ Teacher's Signature: _____

本人願意加入 (香港電影後期專業人員協會有限公司) 成為附屬會員, 並遵守一切會規。
I would like to be an associated member of the "Association of Motion Picture Post Production Professionals (HK) Limited" (AMP4) and obey its rules and regulations in accordance with the Memorandum and Articles of Association of AMP4.

簽署 _____ 日期 _____
Signature: _____ Date: _____

家長或監護人姓名 _____ 家長或監護人簽署 _____
(18歲以下學生適用) Parent's or Guardian's Name: _____ Parent's or Guardian's Signature: _____
((Applicable to students under 18 years old))

所有資料全部保密
ALL INFORMATION WILL BE KEPT IN STRICT CONFIDENCE

請勿填寫本欄 For Official Use Only

會員類別
Membership Status: _____

審核人員
Approved By: _____

審核日期
Approved Date: _____

介紹人姓名
Sponsor's Name: _____

介紹人簽署
Sponsor's Signature: _____

備註
Remarks: _____

請將此表格電郵至info@amp4.com.hk或郵寄至九龍觀塘海濱道151-153號廣生行中心10樓1015B AMP4收
Please return this form to AMP4 by email (info@amp4.com.hk) or
by mail (Unit 1015B, 10/F, Kwong Sang Hong Centre, 151-153 Hoi Bun Road, Kwun Tong, Kln.)