



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
Name in Chinese: _____

英文姓名
Name in English: _____

性別 出生日期 (日/月/年)
Sex: _____ Date of Birth (dd/mm/yy): ____/____/____

香港身份證號碼
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
School Name in Chinese: _____

學校英文名稱
Name in English: _____

就讀年級
Grade: _____

喜歡的科目
Favour Subject: _____

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

推薦老師簽署
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
Signature: _____

日期
Date: _____

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

家長或監護人簽署
Parent's or Guardian's Signature: _____

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(香港尖沙咀漆咸道南45-51號·其士大廈8樓802室 香港電影後期專業人員協會收)
Please return this form to AMP4 by email (info@amp4.com.hk) or
by mail (Room 802, 8/F, Chevalier House, 45-51, Chatham Road South, TST, HK Attn: AMP4)