



**MARYKNOLL CONVENT SCHOOL  
FORMER STUDENTS' ASSOCIATION**  
www.mcsfsa.com

**MEMBERSHIP APPLICATION FORM**

NAME\* : \_\_\_\_\_ (First name, Maiden name)

CLASS OF\* : \_\_\_\_\_ (Year of graduation in Form 5 or Anticipated Year)

Please indicate if you have studied\* Primary (Duration \_\_\_\_\_; Number of Years \_\_\_\_\_) and/  
or Secondary (Duration \_\_\_\_\_; Number of Years \_\_\_\_\_)

MAILING ADDRESS\* : \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER\* : Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Office: \_\_\_\_\_

FAX NUMBER\* : Home: \_\_\_\_\_ Office: \_\_\_\_\_

EMAIL ADDRESS\* : \_\_\_\_\_ FACBOOK: Yes No

(Kindly provide your PERMANENT PERSONAL email address so that we can serve you well at all times)

OCCUPATION/COMPANY : \_\_\_\_\_ (Optional)

NAME OF SPOUSE : \_\_\_\_\_ (Optional)

**\*This is a mandatory field that you must fill in**

Please check box if you are not willing to assist us on disseminating information to your fellow classmates regarding our future activities by becoming a class representative.

Please check box if you are not willing to disclose your personal details in the MCS FSA directory or other affiliated association.

Life Member	One-Time Membership Fee HK\$1,000
Ordinary Member	Membership Fee HK\$200 per year
Student Member	Membership Fee HK\$40 per year (Please attach a copy of your full-time student I.D.)

I am enclosing a cheque of HK\$ \_\_\_\_\_ payable to

“MARYKNOLL CONVENT SCHOOL FORMER STUDENTS' ASSOCIATION” for the membership fee.

- IMPORTANT:** 1. Upon receipt of your payment, we will notify your membership admission by email or post in about 3 months. You are advised to keep a copy of it as proof of your membership.  
2. Both Ordinary and Student memberships expire one year from the date the FSA receives your application. The FSA NEWSLETTER is published 3-4 times a year.

What do you see as the value of being a MCS FSA member? In addition, what kind of activities would you like to see being organized? (For example, type of activity, benefit, assistance, etc.)

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

For membership matters, please contact Lucy Khouw  
by email at [membership@mcsfsa.com](mailto:membership@mcsfsa.com) or  
[lkhouw@hotmail.com](mailto:lkhouw@hotmail.com)

Please mail your application to the school address:  
5 Ho Tung Road, Kowloon Tong  
Kowloon, Hong Kong (Attn: MCS FSA Membership)

For office use only			
Receiving date		Membership number	
Cash	Date of receipt: Receipt number:	Date of email confirmation	
Cheque	Date:	Date of completion	
	Drawing bank: Cheque number:	Responsible officer	