



只供本會填寫 For office use only

收件日期 Date received: \_\_\_\_\_  
 證書核證 Certificate checked: \_\_\_\_\_  
 會員類別 Membership type: FL/F/A/S/C/I  
 會員編號 Membership I.D.: \_\_\_\_\_

## 會員續會申請表 MEMBERSHIP RENEWAL FORM (2019)

你的會籍將於 1 月 1 日到期，請儘快填妥本表格並寄回上述地址申請續會。多謝！  
 Your membership subscription is due on 1<sup>st</sup> January each year. We would appreciate it if you would complete this form and arrange renewal promptly. Thank you.

會員編號 Membership I.D. : \_\_\_\_\_

所提供之資料僅用作與會籍有關之事宜。 The information provided will be used solely for membership related purposes.

職銜 Title	英文全名 - 先填姓後寫名 English Full Name - Family (or Last) Name first, then Given Name	中文名 Chinese Name
博士/女士/先生/太太 Dr./Ms/Mr./Mrs. _____ ( )		
已獲取圖書館專業學歷 Qualifications obtained in librarianship	圖書館課程 (修讀中) Library Course (currently studying)	
機構名稱 Organization name	職位 Position held	
機構地址欄 1 Organization Address Line 1	地址欄 2 Address Line 2	
地址欄 3 Address Line 3	地址欄 4 Address Line 4	
機構電郵 Organization Email	機構電話 Organization Phone	
機構傳真 Organization Fax	流動電話 Mobile	
<input type="checkbox"/> 如通訊地址與機構地址相同，請在方格內加上「✓」，該地址將作為香港圖書館協會郵寄地址。 Please check this box if Corresponding Address is same as Organization Address. This will be the address for HKLA mailings.		
通訊地址欄 1 Corresponding Address Line 1	地址欄 2 Address Line 2	
地址欄 3 Address Line 3	地址欄 4 Address Line 4	
通訊電郵 Corresponding Email*	通訊電話 Corresponding Phone	
通訊傳真 Corresponding Fax	流動電話 Corresponding Mobile	
<input type="checkbox"/> 如你不希望收到本會認為與會籍相關的促銷電子郵件 (如招聘廣告、會議資訊、課程項目、特別優惠等等)，請在方格內加上「✓」。 Please check this box if you do not want to receive promotional e-mails that the Association deems relevant to its membership (e.g. job adverts, conference information, programmes and courses, special offers, etc.)		

本人附上 \_\_\_\_\_ 港元的支票以支付本人今年的會費。  
 I enclose a cheque for HK\$ \_\_\_\_\_ in payment of my subscription for current year.

你的會員卡將作為你的收據。  
 Your membership card will be your receipt.  如需正式收據，請在方格內加上「✓」。  
 If a formal receipt is required, please check this box.

本人申請 (只選擇一項) :  
 I am applying for (Please check ONE only) :

- |   |  |
|---|--|
| <input type="checkbox"/> 資深會士<br>Fellow membership        | <input type="checkbox"/> 專業會員 (請附上證書副本)<br>Full membership (Please enclose a copy of your certificate)                                       |
| <input type="checkbox"/> 副專業會員<br>Associate membership    | <input type="checkbox"/> 學生會員 (請附上學生身份證明副本)<br>Student membership (Please enclose a copy of student identity card or evidence of enrollment) |
| <input type="checkbox"/> 通訊會員<br>Corresponding membership | <input type="checkbox"/> 機構會員 (代表姓名)<br>Institutional membership (Name of representative: _____)   |

本人現正於下述圖書館部門工作 (只選擇一項) :  
 I am working in the following library sector (Please check ONE only) :

- |   |  |                                       |                                       |  |  |
|---|--|---------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> 大學 - 教資會<br>Academic - UGC | <input type="checkbox"/> 大學 - 非教資會<br>Academic - Non-UGC | <input type="checkbox"/> 公共<br>Public | <input type="checkbox"/> 學校<br>School | <input type="checkbox"/> 專科<br>Special | <input type="checkbox"/> 其他<br>Others: _____ |
|---|--|---------------------------------------|---------------------------------------|--|--|

簽署 \_\_\_\_\_ 日期 \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* 如去年已獲取專業資格，請附上證書副本作為專業會員的續期申請。  
 If you obtained a professional qualification last year, please enclose a copy of your certificate with your renewal as a full member.  
 \* 請填寫電郵地址以便本會與你保持聯絡。另外本會將以電郵方式通知你每期刊在網上出版的消息。  
 Please don't forget to put down your email address as it is the most efficient way to keep in touch with the Association and fellow members. Please note that HKLA newsletters are published online only and you will be informed by email of the publication of every issue.  
 \* 如去年已為副專業/學生會員，並希望轉為專業會員，請提交符合專業會員資格的書面證明或學歷及全職工作經驗的證明。(詳見 <https://www.hkla.org/membership/application-forms/>)  
 If you were an Associate/Student member last year and wish to change to Full Membership, please supply documentary proof of professional qualifications or evidence of academic qualifications and full-time working experience which qualify you for Full Membership. (Please check details at: <https://www.hkla.org/membership/application-forms/>)

