



**PHOTO**  
(2 photos taken  
within the last  
6 months, please  
use paper clip)

## APPLICATION FOR MEMBERSHIP

Membership Type: ( ) Subscriber ( ) Associate ( ) Second Family\*\* ( ) Visiting

Name: Miss / Mrs / Ms / Mr / Dr. \_\_\_\_\_  
Title First Name(s) Last Name

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Company: \_\_\_\_\_ Position Held: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Education: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth: (D/M/Y) \_\_\_\_\_ Place of Birth: \_\_\_\_\_ I.D or Passport Number\*: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Spouse/Partner: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Mobile: \_\_\_\_\_ Relationship: \_\_\_\_\_

Children's (under 18) Names and Dates of Birth (free of charge, please provide a copy of birth certificate): Junior Library Membership

(1) \_\_\_\_\_ (Female / Male) Date of Birth \_\_\_\_\_ Yes No

(2) \_\_\_\_\_ (Female / Male) Date of Birth \_\_\_\_\_ Yes No

Hobbies or Special Interests: \_\_\_\_\_

Other Club Memberships: \_\_\_\_\_ Resident in Hong Kong since: \_\_\_\_\_

Reasons for Joining The Helena May: Catering service Library Activities Programme  
Other (please specify) \_\_\_\_\_

I hereby agree to abide by the Bye-Laws of The Helena May.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

\* Please submit a copy of your ID card/Passport and 2 photos taken within the last six months (2 x 2 inches in size on photo quality paper).

\*\* Proof of family relationship is to be submitted with the application form if applying for "Second Family Member" or "Junior Library Member".

Proposer: \_\_\_\_\_  
Subscriber Member First Name Last Name

Seconder: \_\_\_\_\_  
Subscriber Member First Name Last Name

Membership number: \_\_\_\_\_

Membership number: \_\_\_\_\_

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

\*Subscriber & Associate membership applications are subject to approval by the Membership Committee.

*Personal data provided in this form will be used by The Helena May for membership matters and related activities. A member or an applicant has the right to request access to and correction of his/her personal data. Request for access and correction of personal data should be addressed to the membership department in writing.*

**COVID-19 Vaccination Record**

**( ) Vaccination Medical Exemption Certificate**

**Completed the vaccine(s):**

( ) Hong Kong                      ( ) Overseas                      ( ) Hong Kong & Overseas

**Number of Dose:**

( ) First Dose                      ( ) Second Dose                      ( ) Third Dose

**Date of Your Last Dose:** \_\_\_\_\_

**Policy on Personal Data Privacy**

Personal data provided in this form will be used by The Helena May for membership matters and related activities. As a member, you have the right to request access to and correction of your personal data. Request for access and correction of personal data should be addressed to the Membership Department and sent by email to [info@helenamay.com](mailto:info@helenamay.com) or in writing to 35 Garden Road, Central, Hong Kong.

**Direct Marketing**

The Helena May will send you newsletters and contact you via various communication channels such as direct mail, email and telephone regarding our facilities, services, events, and promotional offers. As such, we would require your consent on the use of your personal data such as name, address, email address, and telephone numbers.

( ) I consent to the use of my personal data for the above activities.

***OR***

( ) I object to the use of my personal data for the above activities.

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

\* ( ) *Tick as appropriate*