

ST. PAUL'S CO-EDUCATIONAL COLLEGE ALUMNI ASSOCIATION

33, MACDONNELL ROAD, HONG KONG

TEL: (852) 2877-2885 FAX: (852) 2522-2255 EMAIL: spccaa@spccaa.org WEBSITE: www.spccaa.org

MEMBERS' PERSONAL PARTICULARS UPDATING FORM

(All information collected will be treated in strict confidence.)

FOR OFFICIAL USE ONLY	Form 5 graduate:	Yes	No	Non-Form 5 graduate:	Yes	No	
	Others :				Circulars / updates by email:	Yes	No
	School Council Member	Retired Teacher	Current Teacher				
	Overseas chapters' members:	Yes	No	Class Coordinator:	Yes	No	
	Chapter particulars						
	Membership No:				Membership Fee Paid:	HK\$100	HK\$500
	SPCC Alumni Association Credit Card Holder:				Yes	No	
	Posting of name, year of graduation and email address on SPCCAA web site:				Yes	No	
Remarks:							

NAME	English (Block Letters)						(Please state the name that you used when you graduated from SPCC in Form 5 or in the year that you last studied at SPCC)	
	English (Block Letters)						(Please state the name that you currently use, and with which you have registered with the SPCC Alumni Association)	
	Mr.	Mrs.	Miss	Ms.			(Please tick one)	
	Chinese						(Please state the name that you used when you graduated from SPCC in Form 5 or in the year that you last studied at SPCC)	
	Chinese						(Please state the name that you currently use, and with which you have registered with the SPCC Alumni Association)	
IDENTIFICATION DOCUMENTS	Hong Kong Identity Card No.:							
	or	Passport No.:				Country:		
GRADUATION YEAR / YEAR LAST STUDYING AT SPCC	Form 5	A	B	C	D	E	F	(Please tick one)
	Year of graduation:							(If you had graduated from SPCC in Form 5, please complete this part.)
	Please state the year that you studied in Form 5 at SPCC:							If you had not graduated from Form 5, but had studied in Form 5 before you left SPCC, please complete this part.
		Lower 6 / Form 6	Sc. A	Sc. B	Sc. C	Arts	(If you had studied at SPCC for the A-Level, please complete this part)	
		Upper 6 / Form 7	Sc. A	Sc. B	Sc. C	Arts	(If you had studied at SPCC for the A-Level, please complete this part)	
		Year of graduation:						
		Higher Level						(If you had studied at SPCC for the Higher Level, please complete this part)
		Year of graduation:						
		高三						(If you had studied at SPCC for 高三, please complete this part)
		Year of graduation:						
	Others						(If you had not graduated from SPCC in Form 5, Higher Level, Upper 6, Form 7 or 高三, please specify the year that you last studied at SPCC.)	
	Secondary School: Form _____; Class: _____; Year: _____							
	Primary School: _____ A.M. _____ P.M. MacDonnell Road (Primary School) Kennedy Road (Primary School)							

CORRESPONDENCE ADDRESS	English (Block Letters)	
	Chinese	
TELEPHONE	office:	home:
FAX	office:	home:
MOBILE		
E-MAIL		(If you want to receive circulars or other information from SPCCAA by email, please check this box)
		(If you agree to the SPCCAA posting your name, year of graduation, and your email address on its web site, please check this box).
OVERSEAS MEMBERSHIP	Are you a member of any SPCCAA overseas chapters? Y N	
	Please specify the overseas chapter:	
	Do you have to pay for your membership with such overseas chapter? Y N	
	Type of membership subscribed : life member annual member	
EDUCATION	Other educational institutions attended after you have left SPCC:	
	If you are still a student, please specify as follows:	
	(a) Educational Institution that you are now attending:	
	(b) Faculty:	(c) Year:
	Other Academic Qualification: (e.g. MBA, PhD etc.)	
	Professional Qualification:	
OCCUPATION		(Please state your area / subject of practice, if applicable)
CHILDREN	Do you have any children who had graduated from SPCC?	Yes No
	Do you have any children who are now studying in SPCC?	
	Yes. Please check against the appropriate box: <div style="display: flex; justify-content: space-around;"> Primary school Form 1 – 5 </div> <div style="display: flex; justify-content: space-around;"> Advance Level Higher Level </div>	
	No	
RELEASE OF PERSONAL CONTACT DETAILS	The St. Paul's Co-educational College Alumni Association may release your latest correspondence address to St. Paul's Co-educational College and/or The St. Paul's Co-educational College Charitable Trust for communicating with you. If you do not agree to the arrangement, please check this box.	
MEMBERS' SIGNATURE		
	Signature _____	Date _____