

IPAT Asia Chapter 國際瓷畫家亞洲分會

Membership year runs from 1 January through 31 December for two years

IPAT Membership No _____

Surname _____ Given Name _____ 中文 _____

Address _____

Telephone: Home _____ Office _____ Mobile _____

Email _____ Fax _____

Members' information in this form will be used only for contact purposes in matters relating to IPAT Asia Chapter.

PLEASE TICK THE ACTIVITIES THAT YOU ARE INTERESTED IN HELPING:

<input type="checkbox"/>	CERTIFICATION	<input type="checkbox"/>	EXHIBITION
<input type="checkbox"/>	MEMBERSHIP	<input type="checkbox"/>	SEMINARS
<input type="checkbox"/>	WEBSITE	<input type="checkbox"/>	EDUCATION

Others: _____

I hereby apply for membership in IPAT Asia Chapter, and I agree to be bound by all the provisions as stated in your Constitution. (Copy available upon request)

Signature: _____ Date: _____

Membership fee for 2 years

_____ MEMBER HK\$ 400 (US\$50)

_____ YOUTH MEMBER (UNDER 19) HK\$ 200 (US\$25)

FOR OFFICE USE ONLY:

Date received: _____ Membership Number: _____

Membership period: 20____ to 20____

Cheque: HK\$ _____ Number: _____ Bank: _____

Cash: HK\$ _____ US\$ _____ Given to: _____