

ST. LOUIS OLD BOYS' ASSOCIATION LIMITED

Room 616 & 619, Solo Offices, 6/F, 131-132 Connaught Road West, Hong Kong.

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SLOBA Membership Information Update Form

(If you have not registered as a member, please use SLOBA's Membership Registration Form)

Name in English (in block letter): _____

Name in Chinese: _____ HKID Card Number (first 4 digits after alphabet): _____

Year of Leaving St. Louis School _____ on the completion of (_____ S6/F5/LF6/UF6) *
*delete as appropriate

Occupation: _____

Correspondence Address (in block letter): _____

Telephone: Home _____ Mobile _____ Email _____

Method of communication: Email Mail Mobile WhatsApp: _____

(Remarks: You may choose more than one.)

(if different from Mobile number)

Support of SLOBA Activities:

- 1. I would like to participate in voluntary work (e.g. Study Group) to support our students.
- 2. I would like to donate to support the abovementioned voluntary work.
- 3. I would like to donate to SLOBA's future programs.
- 4. Others (please specify): _____

Career Advisory Group:

- I would like to join the SLOBA Career Advisory Team and provide career advice to our members and students. I can provide career advice of the below industry (you may choose more than one):

- | | | |
|---|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Admin / H.R. | <input type="checkbox"/> Banking / Finance |
| <input type="checkbox"/> Building & Construction | <input type="checkbox"/> Design | <input type="checkbox"/> Education |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Hospitality / F&B |
| <input type="checkbox"/> Information Technology / Online Commerce | <input type="checkbox"/> Legal Services | |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Marketing / P.R. | <input type="checkbox"/> Media & Advertising |
| <input type="checkbox"/> Medical Services | <input type="checkbox"/> Professional Services | <input type="checkbox"/> Property / Real Estate |
| <input type="checkbox"/> Public / Civil Services | <input type="checkbox"/> Sales&Customer Services | <input type="checkbox"/> Science, Lab, R&D |
| <input type="checkbox"/> Transportation & Logistics | <input type="checkbox"/> Others (please specify): _____ | |

Date: _____ Signature: _____

Terms of Use: The data collected above will be used strictly in accordance with the Personal Data (Privacy) Ordinance and for the purpose of internal use only.