

# Application for Mobile Classroom Membership

Types of Membership :  Individual  Agency

Name of applicant : \_\_\_\_\_ Sex :  Male  Female

(agency members only) Name of organization/school : \_\_\_\_\_

(agency members only) Job title of applicant : \_\_\_\_\_

Correspondence address : \_\_\_\_\_

Contact telephone no. : \_\_\_\_\_ Email address : \_\_\_\_\_

I agree FPAHK to use my personal data to promote sexuality educational news, activities and resources through email.

I disagree FPAHK to use my personal data to promote sexuality educational news, activities and resources through email.

I would like to get my membership card:

by post  in person

