



沙龍影友協會

THE PHOTOGRAPHIC SALON EXHIBITORS ASSOCIATION

香港特別行政區
郵政總局信箱5099號
G.P.O. Box 5099, General Post Office,
Hong Kong S.A.R.

Date 申請日期: _____

申請會士 / 高級會士 / 沙龍績分獎

Application for Associateship/Fellowship/Association Seal

Name 姓名: _____ 中文姓名: _____

Member No 會員號碼: _____

Address 地址: _____

Tel. 電話: _____ Email 電郵: _____

(Please tick 請選擇)

- *Application for Associateship 會士
 Fellowship 高級會士
 Association Seal 沙龍績分獎 (_____ Seal 印章)

Statement of Salon Records 沙龍成績

Year 年份	Who's Who Position 名次	Division 組別 (e.g. 例如: A1, B1)	Acceptances 入選

* For the division numbering, please refer to the Requirements for Application for Awards. (e.g. A1, A2..., B1, B2...)
請參閱申請名銜細則列出的組別編號(例如: A1, A2..., B1, B2...)。

附上 申請會士/ 高級會士/ 沙龍績分獎 申請費 共 美金/ 港幣 _____ 元正。

I enclose Application for Associateship/Fellowship/Association Seal application fee for US\$ _____ or

所有銀行匯票或支票，請繕明交「沙龍影友協會」
HK\$ _____, Cheques should be made payable to "The Photographic Salon Exhibitors Association"

申請人簽名

Signature of Applicant:

正楷姓名

Name in block letters:

For Office Use Only			
日期 Date Received	收費 Fee Received	核准名銜 Honours and Awards	名銜主席簽署 Honours Chairman's Signature