

Diocesan Old Girls' Association Limited

c/o Diocesan Girls' School, 101 Castle Peak Road, Sham Shui Po, Hong Kong SAR

Membership / Consent Form for DOGA (the Society) Members

Please complete this form and return with 2 recent photos (1"x 1") to:

Membership Sub-committee, Diocesan Old Girls' Association Limited, 101 Castle Peak Road, Sham Shui Po, Hong Kong

In view of the incorporation of Diocesan Old Girls' Association Limited ("DOGA Ltd"), I, being a previous member of the dissolved Diocesan Old Girls' Association (the "Association"), hereby apply to be a Life Member of DOGA Ltd. I consent to the transfer of all membership information on me previously held by the Association to DOGA Ltd.

Privacy Statement

I understand that all information provided by or coming into your possession regarding me will be kept confidential and will be used by DOGA Ltd only for the purposes of activities of (i) the DOGA Group (comprising DOGA Ltd and Diocesan Old Girls' Association Foundation Limited); (ii) local and overseas alumnae and old girls' organizations associated or affiliated with the DOGA Group; and (iii) Diocesan Girls' School (the "School") in furtherance of their objects. For the avoidance of doubt, I understand that such information may be passed on or communicated to any of the bodies described in (i) to (iii) above in order to facilitate their communication with me in connection with the aforesaid activities. I undertake not to use any information regarding any other Member of DOGA Ltd (which may come into my possession through or from the DOGA Group) except for genuine purposes of fellowship with her or for the furtherance of the objects of the DOGA Group. I understand that I have a right under the Personal Data (Privacy) Ordinance to make a data access or correction request. I may make such request by applying to The Secretary of DOGA Ltd at 101 Castle Peak Road, Sham Shui Po, Hong Kong SAR.

Consents

I consent to the release of my following personal information for publication of any list / directory of the DOGA Group.

Yes No

(If "Yes", please select the appropriate with a "v")

___ Name	___ Class Year	___ Email	___ Profession
___ Home Address	___ Home Telephone	___ Home Fax	___ Job Title
___ Work Address	___ Work Telephone	___ Work Fax	___ School House

I consent to the release of my **contact email / telephone number / mailing address to any Member of DOGA Ltd seeking to get in touch with me via the Secretary of the DOGA Group subject to her undertaking in terms of the above. (** delete the inappropriate)

Yes No

Please complete the following:

Name:	Membership No:	F.5 Grad Yr:	School House:
Home Address:			
Signature: (REQUIRED)	Email:	Phone:	