



<b>Member 1:</b>	<b>Name:</b>		<b>Position:</b>	
	<b>Individual Phone:</b>			
	<b>Individual Fax:</b>			
	<b>Individual Email:</b>			
	<b>(If applicable)</b>			
<b>Member 2:</b>	<b>Name:</b>		<b>Position:</b>	
	<b>Individual Phone:</b>			
	<b>Individual Fax:</b>			
	<b>Individual Email:</b>			
	<b>(If applicable)</b>			
<b>Member 3:</b>	<b>Name:</b>		<b>Position:</b>	
	<b>Individual Phone:</b>			
	<b>Individual Fax:</b>			
	<b>Individual Email:</b>			
	<b>(If applicable)</b>			
<b>Member 4:</b>	<b>Name:</b>		<b>Position:</b>	
	<b>Individual Phone:</b>			
	<b>Individual Fax:</b>			
	<b>Individual Email:</b>			
	<b>(If applicable)</b>			
<b>Member 5:</b>	<b>Name:</b>		<b>Position:</b>	
	<b>Individual Phone:</b>			
	<b>Individual Fax:</b>			
	<b>Individual Email:</b>			
	<b>(If applicable)</b>			

\* Please make cheque payable to “Blank Rome - HKMLA”

<p><b>** If there is any information contained in this form which you wish to withhold from publication on the Association’s website, please indicate below:-</b></p>          
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