**AZSIC MEMBERSHIP REGISTRATION FORM**

Name: ……………………………………………………………......

 (Surname) (First Name)

City: …………………………………………………………………………….

School: ……………………………………………………………………………………

Student ID: ……………… Passport Number……………….

Position in City Executive (If any)…………………………..

Phone No: …………………………………….

Name of next of kin…………………………………. Passport /No: …………………

City: …………………………………… Telephone No: ………………………

MEMBERSHIP FEE AMOUNT…………………….(100RMB) or (10RMB)

 Yearly ( ) Monthly ( )

 Mark with a tick

Date……………………………………………… Sign…………………………..

To be completed by the AZSIC National Treasurer

Received sum of ………………………………. Yearly/monthly subscription fee

From …………………………………………..

Date ………………………………………………

Sign ………………………………………………