

Membership Application Form

By submitting this Membership Application Form, I/We agree to be bound by the rules of The Refinery and any bye-laws made in accordance therewith and to pay such fees and subscriptions as the rules should require. All charges of whatever nature incurred with this membership are the responsibility of the below-named company or person (as the case may be).



THE REFINERY

Membership Type: Corporate Individual Annual Under 35 Evening Social
Status: New Application Renomination (For Corporate Membership/Evening Membership Application Only)
Please tick the box that applies.

Member's Personal Details

Fields marked with an asterisk "*" are mandatory fields and must be filled in, otherwise we will not be able to process your application.

* Name of Applicant: _____
(Mr/Mrs/Ms) Surname Given Name Chinese Name

* Mobile Phone No.: _____ * Email Address: _____

* Correspondence Address: _____

Month of Birth: _____

Spousal Membership Application (Not applicable to Under 35 Membership)

* Name of Spouse: _____
(Mr/Mrs/Ms) Surname Given Name Chinese Name

* Mobile Phone No.: _____ * Email Address: _____

Month of Birth: _____

I/we consent to the Privacy Policy (can be found at www.refineryclub.com), and the following:

- * Management of my Sensitive Personal Information and that of minors under my guardianship;
- * Provision of my Personal Information to recipients such as appointed processors and partners **within** the place of my primary residence;
- * Provision of my Personal Information to recipients such as appointed processors and partners **outside** the place of my primary residence; and
- Use of my Personal Information to provide me with direct marketing materials. Main Card Holder Spouse Card Holder

The Refinery is owned by Taikoo Place Holdings Limited, a wholly-owned subsidiary of Swire Properties Limited.



(Date: _____) * Signature of Applicant (Date: _____) * Signature of Spouse (If spouse membership card is required)

Company Endorsement For Corporate Membership / Evening Membership Application

* Company Name: _____

Office Address : _____
(If different from the above correspondence address)

Nature of Business: _____ Applicant's Job Title: _____

* Contact Person's Information

* Name: _____ Job Title: _____

* Phone No.: _____ # Email Address: _____

I confirm the abovementioned contact person has agreed to receive a copy of the monthly statement. #

* Authorised Signature and Company Chop * Date

* Name of Authorised Person * Position

For Office Use Only

Approved By: _____ Membership No.: _____ Date Joined: _____