

**青年企業家發展局**  
**THE YOUNG ENTREPRENEURS DEVELOPMENT COUNCIL**  
**Membership Application Form**

**Title:**  Prof.  Dr.  Mr.  Mrs.  Ms.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ (DD/MM/YY)

**Name of Company/Institute:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Correspondence Address:** \_\_\_\_\_

**Office Tel:** \_\_\_\_\_ **Mobile Tel:** \_\_\_\_\_

**Home Tel:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Refer by (if applicable):** \_\_\_\_\_

*If you are a student, please fill in the following:*

**School Name:** \_\_\_\_\_

**Secondary Form/Year:** \_\_\_\_\_  **Institute / University : Major in** \_\_\_\_\_ **Year of Graduation:** \_\_\_\_\_

**Interests in YDC activities** (Please check the appropriate boxes):

Past participation

Yes, I want to get involved in the future

**E-Challenge**

- |                       |                                       |                          |
|-----------------------|---------------------------------------|--------------------------|
| * Student Participant | <input type="checkbox"/> (Year:_____) | <input type="checkbox"/> |
| * Mentor              | <input type="checkbox"/> (Year:_____) | <input type="checkbox"/> |
| * Judge               | <input type="checkbox"/> (Year:_____) | <input type="checkbox"/> |
| * Student Advisor     | <input type="checkbox"/> (Year:_____) | <input type="checkbox"/> |
| * Workshop Speaker    | <input type="checkbox"/> (Year:_____) | <input type="checkbox"/> |

**Entrepreneurial Workshop**

- |                       |                                       |                          |
|-----------------------|---------------------------------------|--------------------------|
| * Student Participant | <input type="checkbox"/> (Year:_____) | <input type="checkbox"/> |
| * Guest Speaker       | <input type="checkbox"/> (Year:_____) | <input type="checkbox"/> |

**School-Company Partnership**

- |                       |                                       |                          |
|-----------------------|---------------------------------------|--------------------------|
| * Company Ambassador  | <input type="checkbox"/> (Year:_____) | <input type="checkbox"/> |
| * Guest Speaker       | <input type="checkbox"/> (Year:_____) | <input type="checkbox"/> |
| * Teacher Advisor     | <input type="checkbox"/> (Year:_____) | <input type="checkbox"/> |
| * Student Buddy       | <input type="checkbox"/> (Year:_____) | <input type="checkbox"/> |
| * Student Participant | <input type="checkbox"/> (Year:_____) | <input type="checkbox"/> |

**YDC Membership Fee:**  \$100/year  
 Exempted for full time undergraduate/tertiary/secondary students (age at 16 or above)

Please kindly send a crossed cheque made payable to "The Young Entrepreneurs Development Council Limited", along with the application form to YDC, 1/F, 15 Wang Chiu Road, Kowloon Bay, Kowloon.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Official Use Only**

<input type="checkbox"/> Accepted as: _____	Membership No.: _____
<input type="checkbox"/> Unaccepted (Reasons): _____	Date Joined: _____
Remarks: _____	Cheque number: _____
	Membership Expiry: _____