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 have read and understood the Privacy Policy (accessible via the QR code) and consent to the collection and processing of my personal data as described therein. If I provide personal data relating to another individual, I confirm that I have shared the Privacy Policy with them and obtained their consent to the collection and processing of their personal data.

☐ I consent to the use of my personal data to provide me with direct marketing materials. If I provide personal data on behalf of another individual, I confirm that I have obtained their consent to the use of their personal data for direct marketing purposes in accordance with the Privacy Policy.

☐ Main Card Holder ☐ Spouse Card Holder

PRIVACY POLICY

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

_____ (Date:) _____ (Date:)

* Signature of Applicant * 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: _____