



THE HONG KONG MANAGEMENT ASSOCIATION
香港管理專業協會

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For membership enquiries, please contact Ms Joanna Sung

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APPLICATION FORM FOR FULL MEMBERSHIP

PLEASE TYPE OR COMPLETE THE APPLICATION FORM IN BLOCK LETTERS.

Personal Details:

Title: Dr Professor Mr Mrs Miss Ms

Family Name: Other Names:

Name in Chinese: Nationality:

HKID No: Date of Birth: Age:
yy / mm / dd

Home Address:

Tel No.: Mobile Phone No.:

Fax No.: E-Mail:

Present Employment Details:

Name of Company/Organization:

Nature of Business: Total Employed in Co.:

Present Job Title:

Starting Date: No. of Subordinates: Total Employed in Dept.:
yy / mm / dd

Report to: (title only)

Details of Present Duties:

Address:

Tel No.: Fax No.: E-Mail:

Correspondence Address:

Company/Organization: Home: Others: (please specify)

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Details of Past Experience:

<u>Dates</u>	<u>Position Held</u>	<u>Name of Organization</u>
From To
From To
From To

Details of Education and/or Professional Qualifications: *(PLEASE ATTACH COPIES OF CERTIFICATES)*

<u>Dates</u>	<u>Qualification Obtained</u>	<u>Name of Institution</u>
From To
From To
From To

Reference:

Please give full details of two persons who will act as your referees.

1. Name:	2. Name:
Company:	Company:
Position:	Position:
Tel No.: Fax No.:	Tel No.: Fax No.:
E-mail:	E-mail:
Member of HKMA: Yes <input type="checkbox"/> No <input type="checkbox"/>	Member of HKMA: Yes <input type="checkbox"/> No <input type="checkbox"/>

Membership Fee: HK\$580 (non-refundable) from January to December 2012

If admitted to membership of The Hong Kong Management Association in the category which the Council considers appropriate, I agree to abide by such rules and regulations of the Association as may be laid down by the Council from time to time. I understand that the Council may refuse any application and is not bound to state the reasons for doing so.

Applicant's Signature: Date:

FOR ASSOCIATION RECORDS ONLY

Approved at the Meeting of the Council held on
Membership No.: Class