



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

電話：二五二六六五一六  
 東昌大廈四十八樓  
 香港中環棉蘭路

FAIRMONT HOUSE, 14TH FLOOR, 8 COTTON TREE DRIVE, CENTRAL, HONG KONG.  
 TEL: 2526 6516 FAX: 2868 4387  
 INTERNET: <http://www.hkma.org.hk> E-MAIL: [hkma@hkma.org.hk](mailto:hkma@hkma.org.hk)  
 For membership enquiries, please contact Ms Joanna Sung  
 Tel: 2774 8588 Fax: 2365 1000 E-mail: [joannasung@hkma.org.hk](mailto:joannasung@hkma.org.hk)

**APPLICATION FORM FOR CORPORATE MEMBERSHIP**

PLEASE TYPE OR COMPLETE THE APPLICATION FORM IN BLOCK LETTERS.

Name of Company/Organization: .....  
 Nature of Business: .....  
 Date of Establishment: ..... Number of Employees: .....  
 yy / mm / dd  
 Place of Incorporation: .....  
 Parent Co. (if you are a subsidiary Co.): .....  
 Address: .....  
 Contact Person: ..... Position: .....  
 Tel No.: ..... Fax No.: ..... E-Mail: .....  
**(PLEASE ATTACH A COPY OF THE CERTIFICATE OF INCORPORATE OF YOUR COMPANY)**

+ No. of Units to be subscribed: .....  
 Name & Titles of Representatives:

Name	Title
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

+ Every Corporate member may subscribe one or more units. Each unit entitles the company to have one authorized Representative who shall have all the rights and privileges of membership, including the right to attend General Meetings, to vote thereat and to enjoy the Association's activities at member's rate.

The application is introduced by member of the HKMA. (Optional)  
 Name: ..... Position: .....  
 Name of Company/Organization: .....  
 Membership No.: .....

**Membership Fee: HK\$1,720 (non-refundable) from January to December 2012**  
 We hereby apply to be a Corporate Member of The Hong Kong Management Association and agree that our Representative(s) will abide by such rules and regulations of the Association as may be laid down by the Council from time to time. We understand that the Council may refuse to accept any nomination for Representative Membership and is not bound to state the reasons for so doing. This form should have company chop and authorized signature.

Name: ..... Signature: .....  
 Position: ..... Date: .....

FOR ASSOCIATION RECORDS ONLY

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