

**APPLICATION FOR UP-GRADING OF INDIVIDUAL MEMBERSHIP**

(to be typed or completed in block letters)

INTERNET: <http://www.hkma.org.hk/membership> E-MAIL: [membership@hkma.org.hk](mailto:membership@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)

| Name:  | I.D. Card No.:          | Age:  | Present Type of Membership: | Membership No.:            |      |                         |                     |                       |       |       |                       |       |       |                       |       |       |
|--|-------------------------|---|-----------------------------|----------------------------|------|-------------------------|---------------------|-----------------------|-------|-------|-----------------------|-------|-------|-----------------------|-------|-------|
| Name of Company:   |                         | Nature of Business:   |                             | Total Employed in Company: |      |                         |                     |                       |       |       |                       |       |       |                       |       |       |
| Address of Company:  |                         | Home Address:   |                             |                            |      |                         |                     |                       |       |       |                       |       |       |                       |       |       |
| Tel. No.: ..... Fax No.: .....   |                         | Tel No.: .....  |                             |                            |      |                         |                     |                       |       |       |                       |       |       |                       |       |       |
| Present Position: .....<br>.....<br><b>(PLEASE ATTACH DETAILS OF JOB DESCRIPTION AND A COPY OF YOUR COMPANY ORGANIZATION CHART IN RELATION TO YOUR POSITION TO THIS APPLICATION)</b>   |                         | Address for Correspondence:<br>Company <input type="checkbox"/> Home <input type="checkbox"/><br>Others (Please specify) <input type="checkbox"/> ..... |                             |                            |      |                         |                     |                       |       |       |                       |       |       |                       |       |       |
| From: .....<br>Month year  |                         |   |                             |                            |      |                         |                     |                       |       |       |                       |       |       |                       |       |       |
| Report To (Title only):  |                         | No. of Subordinates you are responsible for:  |                             |                            |      |                         |                     |                       |       |       |                       |       |       |                       |       |       |
| Details of Education and/or Professional Qualifications: (PLEASE ATTACH COPIES OF CERTIFICATES)  |                         |   |                             |                            |      |                         |                     |                       |       |       |                       |       |       |                       |       |       |
| <table border="1"> <thead> <tr> <th>Date</th> <th>Qualifications Obtained</th> <th>Name of Institution</th> </tr> </thead> <tbody> <tr> <td>(a) From..... To.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>(b) From..... To.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>(c) From..... To.....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table> |                         |   |                             |                            | Date | Qualifications Obtained | Name of Institution | (a) From..... To..... | ..... | ..... | (b) From..... To..... | ..... | ..... | (c) From..... To..... | ..... | ..... |
| Date   | Qualifications Obtained | Name of Institution   |                             |                            |      |                         |                     |                       |       |       |                       |       |       |                       |       |       |
| (a) From..... To.....  | .....                   | .....   |                             |                            |      |                         |                     |                       |       |       |                       |       |       |                       |       |       |
| (b) From..... To.....  | .....                   | .....   |                             |                            |      |                         |                     |                       |       |       |                       |       |       |                       |       |       |
| (c) From..... To.....  | .....                   | .....   |                             |                            |      |                         |                     |                       |       |       |                       |       |       |                       |       |       |
| Experience acquired since becoming a Member of the Hong Kong Management Association:   |                         |   |                             |                            |      |                         |                     |                       |       |       |                       |       |       |                       |       |       |
| <table border="1"> <thead> <tr> <th>Date</th> <th>Position Held</th> <th>Company</th> </tr> </thead> <tbody> <tr> <td>(a) From..... To.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>(b) From..... To.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>(c) From..... To.....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table>                       |                         |   |                             |                            | Date | Position Held           | Company             | (a) From..... To..... | ..... | ..... | (b) From..... To..... | ..... | ..... | (c) From..... To..... | ..... | ..... |
| Date   | Position Held           | Company   |                             |                            |      |                         |                     |                       |       |       |                       |       |       |                       |       |       |
| (a) From..... To.....  | .....                   | .....   |                             |                            |      |                         |                     |                       |       |       |                       |       |       |                       |       |       |
| (b) From..... To.....  | .....                   | .....   |                             |                            |      |                         |                     |                       |       |       |                       |       |       |                       |       |       |
| (c) From..... To.....  | .....                   | .....   |                             |                            |      |                         |                     |                       |       |       |                       |       |       |                       |       |       |
| Reason(s) for application for Up-Grading:  |                         |   |                             |                            |      |                         |                     |                       |       |       |                       |       |       |                       |       |       |
| Any other details which may assist the Membership Committee in reaching a decision on your Application:  |                         |   |                             |                            |      |                         |                     |                       |       |       |                       |       |       |                       |       |       |
| <p>.....</p> <p>Date Signature</p>   |                         |   |                             |                            |      |                         |                     |                       |       |       |                       |       |       |                       |       |       |