



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

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

For membership enquiries, please contact Ms Joanna Sung

Tel: 2774 8588 Fax: 2365 1000 E-mail: joannasung@hkma.org.hk

香港中環紅棉路八號
東昌大廈十四字樓
電話：二五二六六五一六

APPLICATION FORM FOR OVERSEAS 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:
(if applicable)

Passport 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)

.....
.....

Applicants for student membership please complete the following:

Name of College / University:

Address:

Department / Faculty:

Year of Study: Expected Date of Completion:

Degree / Diploma Expected:

Details of Past Experience:

| Dates | Position Held | Name of Organization |
|---------------------|---------------|----------------------|
| From To | | |
| From To | | |
| From To | | |

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

| Dates | Qualification Obtained | Name of Institution |
|---------------------|------------------------|---------------------|
| 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"/> |

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