



**HONG KONG PEOPLE MANAGEMENT ASSOCIATION**  
**APPLICATION FORM FOR AFFILIATE MEMBERSHIP**

<b>I. Personal Information</b>				
Surname	Other Name	Name in Chinese		
<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss
Date of Birth (DD/MM/YYYY)		HKID Card / Passport No.		
Correspondence Address				
Telephone No.		Mobile No.		
Fax No.		E-mail		

<b>II. Academic / Professional Qualifications (Please attach copies of Certificates)</b>			
Education Background			
<input type="checkbox"/> Doctoral	<input type="checkbox"/> Master	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Certificate / Diploma
<input type="checkbox"/> Others (please specify) : _____			
Period	Name of Institution	Certificate / Qualification Obtained	

<b>III. Present Employment Details</b>	
Name of Employer	Job Title
Office Address	
Office Telephone No.	Office Fax No.
Office E-mail	
Job Function	
<input type="checkbox"/> HR Generalist	<input type="checkbox"/> HR Specialist, please specify : _____
<input type="checkbox"/> Management / HR Consultant	<input type="checkbox"/> General Business Management
<input type="checkbox"/> Others, please specify : _____	

<b>Business Nature</b>			
<input type="checkbox"/> Communications	<input type="checkbox"/> Construction / Real Estate / Property Management		
<input type="checkbox"/> Food & Beverages / Hotels / Travel	<input type="checkbox"/> Hi-tech / Computer / Telecom		
<input type="checkbox"/> HR Related Consultancy	<input type="checkbox"/> Import / Export Trade		
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Professional Services		
<input type="checkbox"/> Public utilities / services	<input type="checkbox"/> Retail / Wholesale		
<input type="checkbox"/> Transportation / Logistics	<input type="checkbox"/> Others, please specify : _____		
<b>Company Size</b>			
<input type="checkbox"/> 100 or below	<input type="checkbox"/> 101 – 500	<input type="checkbox"/> 501 – 1,000	<input type="checkbox"/> 1,001 or above
<b>HR Department Size</b>			
<input type="checkbox"/> 1 – 5	<input type="checkbox"/> 6 – 10	<input type="checkbox"/> 11 – 15	<input type="checkbox"/> 16 – 20
<input type="checkbox"/> 21 – 30	<input type="checkbox"/> Others, please specify : _____		

<b>IV. Preference of receiving HKPMA's information</b>			
<b>Mailing</b>	<input type="checkbox"/> Personal address	<b>Email</b>	<input type="checkbox"/> Personal
	<input type="checkbox"/> Office address		<input type="checkbox"/> Office

<b>V. Declaration</b>	
<p>I understand that all applications are subject to the approval of the Executive Committee. Upon acceptance, I undertake to abide by the RULES &amp; REGULATIONS of the Association.</p> <p>I agree that HKPMA can use my personal data for its direct marketing activities, including but not limited to, events, seminars, training programmes, newsletters, research findings, services, etc. The personal data provided will be handled in accordance with the provisions of the Personal Data (Privacy) Ordinance of the HKSAR.</p> <p>I declare that the information given in support of this application are, to the best of my knowledge, true, accurate and complete. I understand that the information will be used in the application process and that any misrepresentation, omission or misleading information given may disqualify my application for membership.</p> <p><input type="checkbox"/> I agree that the Association can use my personal data for its direct marketing activities, including but not limited to the promotion of HKPMA's events, activities, training programmes, awards, survey and other services. The personal data provided will be handled in accordance with the provisions of the Personal Data (Privacy) Ordinance of the HKSAR.</p> <p><input type="checkbox"/> I do not agree the Association to use my personal data for its direct marketing activities.</p>	
Applicant's Signature	Date

<b>For Association Use</b>	
Date of Approval	Membership No.

Please return the duly completed form together with your membership fee by a crossed cheque payable to “**Hong Kong People Management Association Limited**” and send to:

**Hong Kong People Management Association Limited**

Unit G1, 35/F, Legend Tower, 7 Shing Yip Street, Kwun Tong, Kowloon, Hong Kong.

For enquiry, please contact the Membership Department:

Tel. / WhatsApp : (852) 9151 4268 Fax : (852) 8343 1285 Web-Site : [www.hkpma.net](http://www.hkpma.net) E-mail : [info@hkpma.net](mailto:info@hkpma.net)