



HONG KONG PEOPLE MANAGEMENT ASSOCIATION
APPLICATION FORM FOR FELLOW MEMBERSHIP

I. Personal Information				
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		

II. Academic / Professional Qualifications (Please attach copies of Certificates)			
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	

III. No. of Year Working in HR	_____ year(s)
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IV. Present Employment Details	
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: _____	

Business Nature			
<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: _____		
Company Size			
<input type="checkbox"/> 100 or below	<input type="checkbox"/> 101 – 500	<input type="checkbox"/> 501 – 1,000	<input type="checkbox"/> 1,001 or above
HR Department Size			
<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: _____		

V. Past Employment Details				
Name of Company	Position	Period	No. of staff	
			In the Company	In your Department

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

VII. Reference (Please provide information of two persons who will act as your referees.)	
Name	Name
Company	Company
Position	Position
Telephone No.	Telephone No.
E-mail	E-mail
Member of HKPMA <input type="checkbox"/> Yes <input type="checkbox"/> No	Member of HKPMA <input type="checkbox"/> Yes <input type="checkbox"/> No

VIII. Declaration

I understand that all applications are subject to the approval of the Executive Committee. Upon acceptance, I undertake to abide by the RULES & REGULATIONS of the Association.

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.

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.

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.

I do not agree the Association to use my personal data for its direct marketing activities.

Applicant's Signature	Date
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For Association Use

Date of Approval	Membership No.
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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 E-mail : info@hkpma.net