



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

**I. Type of Membership**

Please select the type of membership you are applying for:

<input type="checkbox"/> Corporate Membership	<input type="checkbox"/> Professional Membership	<input type="checkbox"/> Member Membership	<input type="checkbox"/> Associate Membership	<input type="checkbox"/> Student Membership
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**II. Applicant's Personal Information**

Please fill in the following details (for all membership type):

<b>Personal Particulars</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
Age:	<input type="checkbox"/> 18-29	<input type="checkbox"/> 30-39	<input type="checkbox"/> 40-49	<input type="checkbox"/> 50 or above
HKID Card / Passport No. (* Please enter the letters followed by the first four digits.)				
Correspondence Address				
WhatsApp / Mobile No.			WeChat	
LinkedIn			E-mail (Preference of receiving HKPMA's information)	

<b>Corporate Membership (For Corporate Members Only)</b>				
Name of Organization:				
Date of Incorporation / Formation:				
<b>Second Employee's 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
Age:	<input type="checkbox"/> 18-29	<input type="checkbox"/> 30-39	<input type="checkbox"/> 40-49	<input type="checkbox"/> 50 or above
HKID Card / Passport No. (* Please enter the letters followed by the first four digits.)				
Job Title				
WhatsApp / Mobile No.			WeChat	
LinkedIn			E-mail (Preference of receiving HKPMA's information)	

### III. Academic and Professional Qualifications

Please attach copies of certificates where applicable.

Education Level			
<input type="checkbox"/> Doctoral	<input type="checkbox"/> Master	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Sub-degree (AD / HD)
<input type="checkbox"/> Others (please specify): _____			

#### For Student Membership **ONLY** (Please attach student card)

Name of College / University	
Address of College / University	
Program Title	
Are you a Final Year Student? <input type="checkbox"/> Yes	
<input type="checkbox"/> No (Year ___ Student, Expected Completion Date (MM/YYYY) _____)	

### IV. Employment Information

<b>No. of Years Working in HR or Business Management</b>	_____	year(s)
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<b>Current Employment Details</b>	
Name of Employer	Job Title
Office Address	
Office Telephone 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"/> over 20	<input type="checkbox"/> Others, please specify: _____		

**V. Past Employment Details (For Professional, Member and Associate Member ONLY)**

Name of Company	Position	Period	No. of staff	
			In the Company	In your Department

**VI. Referee (Not applicable to Student Member)**

Name			
Company			
Position			
E-mail			Telephone No.
Member of HKPMA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**VII. Declaration**

<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 is, 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, surveys, 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 with the Association using my personal data for its direct marketing activities.</p>	
Applicant's Signature (A company seal is required for the application of corporate membership)	Date

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

Please complete the application form and send back to Hong Kong People Management Association (E-mail: [info@hkpma.net](mailto:info@hkpma.net).)

For enquiry, please contact HKPMA Secretariat: Tel. / WhatsApp: (852) 9151 4268; WeChat: hkpma-info