



HONG KONG PEOPLE MANAGEMENT ASSOCIATION
APPLICATION FORM FOR ASSOCIATE 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. 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

VI. Reference (Please provide information of one person who will act as your referee.)	
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 & 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>	
<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.	
<input type="checkbox"/> I do not agree the Association to use my personal data for its direct marketing activities.	
Applicant's Signature	Date

For Association Use	
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

801 Sunbeam Centre, 27 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