



個人資料 Personal Information

姓 Surname : _____
名 Given Name : _____
中文姓名 Chinese Name : _____
通訊地址 Correspondence Address : _____

電話 Telephone : 手提 Mobile _____ 辦公室 Office _____
傳真 Fax _____ 住宅 Home _____

電郵 Email : _____

香港身份證號碼 HKID No. : _____ 性別 Sex : _____

PHOTO

專業資格 Professional Qualification

專業資格 Qualification (中英文) (Bilingual)	頒發機構 Organisation	日期 Date

服務機構 Company Name

機構名稱 Company Name	機構地址 Company Address	職位 Position

公職(曾任及現任) Public Service (Past and Present)

機構 Organisation	職務 Title	年份 Date

申請入會資格 Membership Application Details

1. 申請入會類別 Membership Category :

- 會員 Full Member
 普通會員 Associate Member

2. 提名會員姓名 Name of Nomination Members :

1. _____ 2. _____

注意事項 Application Procedure

申請人須填妥本表格，連同下列文件及入會費用遞交至本會會址：香港中環德輔道中19號環球大廈18樓1808室，或可傳真至2810 7885。支票抬頭請註明：「香港專業人士協會有限公司」。

1. 香港身份證副本
2. 相關專業資格證明文件副本
3. 入會費用HK\$500(包括入會費HK\$500及豁免該年度之年費HK\$500)。

Send this application form with copies of 1.) HKID Card copy, 2.) qualification supporting documents and 3.) application fee HK\$500 (including entrance fee HK\$500 and waived relevant annual fee HK\$500) to our registered address Suit 1808, 18/F., World-Wide House, 19 Des Vouex Road Central, Hong Kong. Cheque should be crossed in favour of "The Association of Hong Kong Professionals Limited".

聲明 Declaration

本人證實本報名表格內之一切資料均屬正確，並同意上述之資料將被用作處理一切有關事宜。如有虛報或資料不全，則本人之申請將會被取消。本人授權香港專業人士協會有限公司使用本人之資料作統計用途。本人明白，一經入會，本人的個人資料將會存入會員檔案作香港專業人士協會有限公司行政用途。

I hereby apply for the membership of The Association of Hong Kong Professionals Limited. I declare that the information given in this application form is true and complete, and give my consent this information to be used for the administrative and statistical purposes of The Association of Hong Kong Professionals Limited. I understand that if falsified information is submitted, application will be rescinded. I will comply with all conditions, rules and regulations of The Association of Hong Kong Professionals Limited.

申請人簽署：
Signature _____

日期：
Date _____

FOR OFFICIAL USE ONLY 此處由本會填寫

Received Date	<input type="text"/>	AHKP Title	<input type="text"/>
Application Fee Amount	<input type="text"/>	<input type="checkbox"/> Cheque No.:	<input type="text"/>
		<input type="checkbox"/> Cash	
Handled By	<input type="text"/>	Checked By	<input type="text"/>
Approved By	<input type="text"/>		
Remarks:	_____ _____		