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| I:\Staff\1C-PR Image Tool Kit\Logos & flyer bars\1_IHRM Logo\iHRMlogo.jpg |  | **For Certified Human Resources Professional (CHRP) Membersof Human Resources Management Association (HRMA)** |
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| **Professional Member (M.I.H.R.M.(HK)) Application Form** |
| **Part 1 - Personal Information** |
| Surname | Given Name | Salutation  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Mr 🞎 Ms 🞎 Miss 🞎 Dr |
| Contact No. | Personal Email |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Correspondence Address |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Employment Information** |  |  |
| Company Name |  | Job Title |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Company Address |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Office Email | Direct Line No. | Current Employment Since |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| No. of Years Working in HR Sector  | 🞎 Less than 10 Years 🞎 10 - 20 Years 🞎 More than 20 Years |
| Preferred Email for Receiving HKIHRM Information | 🞎 Personal Email | 🞎 Office Email |
| 🞎 I agree to show my information on HKIHRM Members’ Directory. |  |  |
| **CHRP Membership of Human Resources Management Association (HRMA)** |
| Membership No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Membership since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Part 2 - Employment Information** |
| Business Sector (one choice only) |  |  |  |
| 🞎 Business Service | 🞎 Electronics / Garment / Toy Industry | 🞎 Import / Export / Trade |
| 🞎 Communication | 🞎 Finance / Insurance / Banks | 🞎 Manufacturing |
| 🞎 Construction / Real Estate | 🞎 Food & Beverages / Hospitality | 🞎 Retail / Wholesale |
| 🞎 Diversified / Conglomerate | 🞎 Government Department | 🞎 Shipping / Terminals / Freight Forwarding |
| 🞎 Education Institute | 🞎 Hi-tech / Information Technology / Telecom | 🞎 Social Community & Personal Services |
| 🞎 Electricity / Water / Gas | 🞎 HR Related Consultancy | 🞎 Transportation / Storage |
| 🞎 Others, Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Company Size (No. of Staff)  | Canada \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other Region(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| HR Department Size (No. of Staff) |  |  |
| 🞎 1-10  | 🞎 11-20 | 🞎 21-50 | 🞎 More than 50 | 🞎 More than 100 |

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| **Part 3 - Acknowledgement and Declaration** |
| 1. I, (the undersigned) hereby apply for membership in the Hong Kong Institute of Human Resource Management and agree to abide by the rules and regulations of the Institute.
 |
| 1. I declare to the best of my knowledge that the information given in this application form is true and correct and all the supporting documents are true copies of the originals. I understand that false declaration will render me liable to disqualification for membership by the Institute or termination of membership, if already admitted by the Institute.
 |
| 1. 🞎 I agree that the Institute may use my personal data for its direct marketing activities, including but not limited to promotions of HKIHRM 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.
 |
| 1. 🞎 I do not agree that the Institute may use my personal data for its direct marketing activities.
 |
| Signature of the Applicant | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Part 4 - Submit Your Application** |
| **Pre-payment is required. Please send a completed application form, written verification from HRMA (*indicating your CHRP designation held, current membership status and date of admission to membership*), together with proof of payment to** **membership@hkihrm.org****.****Membership Fee : CDN$80 / HK$480** *(from 1 April to 31 March of the following year)* |
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| **Payment Method** |
| 1. **Credit Card:**
 | 🞎 VISA 🞎 MasterCard 🞎 American Express Card |
| **Card Number:** |  |
| **Name of Card Holder:** |  |
| **Amount:** |  |
| **Expiry Date (MM/YY):** |  |
| **Signature:** |  |
|  |
| 1. **Bank / Telegraphic Transfer:**

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| Beneficiary Name:  | Hong Kong Institute of Human Resource Management Ltd |
| Beneficiary Account No.: | 511-290330-001 |
| Bank Name & Address:  | The Hongkong and Shanghai Banking Corporation LimitedMain Office, 1 Queen’s Road Central, Hong Kong |
| SWIFT Code:  | HSBCHKHHHKH |

Note:1. For overseas payment, please instruct your bank to debitbank charges of both sides (including those charged by intermediary bank / government charges) to your account rather than deducting from the invoice amount.
2. If any overseas bank charges are deducted from the payment, you are required to recover the shortfall. Otherwise, your application will not proceed.
3. Please send us proof of payment for verification.
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