

**Professional Member (M.I.H.R.M.(HK)) Application Form**

**Part 1 – Personal Information**

Surname	Given Name	Salutation
_____	_____	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr
Date of Birth	Contact No.	Personal Email
_____	_____	_____
Correspondence Address		
_____		

**Employment Information**

Company Name	Job Title
_____	_____
Company Address	
_____	
Office Email	Direct Line No.
_____	_____
The Current Employment Since	
_____	
No. of Years Working in HR Sector	<input type="checkbox"/> Less than 10 Years <input type="checkbox"/> 10 – 20 Years <input type="checkbox"/> More than 20 Years
Preferred Email for Receiving HKIHRM Information	<input type="checkbox"/> Personal Email <input type="checkbox"/> Office Email
Receive SMS	<input type="checkbox"/> Receive <input type="checkbox"/> Do not receive

**CPHR Membership of Human Resource Management Association (HRMA)**

Membership No. \_\_\_\_\_ Membership Since \_\_\_\_\_

**Part 2 – Employment Information**

Business Sector (one choice only)

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Admin / Support Service               | <input type="checkbox"/> Arts / Entertainment / Recreation | <input type="checkbox"/> Construction / Real Estate         | <input type="checkbox"/> Diversified / Conglomerate |
| <input type="checkbox"/> Education                             | <input type="checkbox"/> Electricity / Water / Gas         | <input type="checkbox"/> Finance / Insurance / Banks        | <input type="checkbox"/> Food & Beverages / Hotels  |
| <input type="checkbox"/> Government / Statutory                | <input type="checkbox"/> HR Related Consultancy            | <input type="checkbox"/> Human Health                       | <input type="checkbox"/> Import / Export / Trade    |
| <input type="checkbox"/> IT / Communication / Media            | <input type="checkbox"/> Manufacturing                     | <input type="checkbox"/> Membership / Religious / Political | <input type="checkbox"/> Others                     |
| <input type="checkbox"/> Professional / Scientific / Marketing | <input type="checkbox"/> Repair / Personal Services        | <input type="checkbox"/> Retail / Wholesale                 | <input type="checkbox"/> Retired                    |
| <input type="checkbox"/> Social / Community                    | <input type="checkbox"/> Student                           | <input type="checkbox"/> Transportation / Storage           | <input type="checkbox"/> Unemployed                 |

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

### Part 3 – Acknowledgement and Declaration

1. I, (the undersigned) hereby apply for membership of the Hong Kong Institute of Human Resource Management and agree to abide by the rules and regulations of the Institute.
2. 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 or termination of membership by the Institute.
3. Applicants' personal data is collected and kept for processing the application for membership and related administration purposes. The data provided will be handled in accordance with the provisions of the Personal Data (Privacy) Ordinance of the HKSAR.
4. The personal data provided in this form will be used by the Institute for direct marketing activities and notification, including but not limited to the promotion (e.g. special offers and discounts) for HKIHRM events, activities, training programmes, awards, survey and other services that it may deploy.  
☐ If you do not wish to receive such information as stated, please indicate your objection by ticking the box.

I have read, understood and agreed to all details of the above declaration.

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 CPHR designation held, current membership status and date of admission to membership), together with the payment proof to [membership@hkihrm.org](mailto:membership@hkihrm.org).**

**Membership Fee: CDN\$80 / HK\$480 (from 1 April to 31 March of the following year)**

#### Payment Method

##### 1) Credit Card:

If you wish to use a credit card to settle the payment, please contact us by phone or email. An email together with the payment link will then be sent to you from 'The Global Payment Platform' (third-party service provider). To make the payment, simply click on the provided link in the email and enter your credit card information. For detailed instructions, please click to access "[User Guide](#)".

##### 2) Bank / Telegraphic Transfer:

Beneficiary Name:	Hong Kong Institute of Human Resource Management Ltd
Beneficiary Account No.:	004-511-290330-001
Bank Name & Address:	The Hongkong and Shanghai Banking Corporation Ltd Main Office, 1 Queen's Road Central, Hong Kong
SWIFT Code:	HSBCHKHHHKH

#### Note:

1. For overseas payment, please instruct your bank to debit bank 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 be further proceeded.
3. Please send us the payment proof for verification.