



澳門管理專業協會

Macau Management Association

APPLICATION FOR FULL MEMBERSHIP

(Please type or print)

English Name: Mr./Mrs./Ms. Chinese Name: \_\_\_\_\_

Contact No.: \_\_\_\_\_ E - Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ MIM Student:  No  Yes (MIM Student No.: \_\_\_\_\_)

Mailing Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

Position: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Contact No. \_\_\_\_\_

Contact Email: \_\_\_\_\_

Details of Present Duties: Applicants should describe their duties in terms which will make clear the scope of their responsibility.

Details of Past Experience:

Dates		Position Held	Name of Organization
From _____	to _____	_____	_____
From _____	to _____	_____	_____
From _____	to _____	_____	_____

Details of Education / Professional qualifications / Institution memberships:

Dates		Qualification Obtained	Name of Institution
From _____	to _____	_____	_____
From _____	to _____	_____	_____
From _____	to _____	_____	_____

Remarks:

- FULL MEMBER, please submit the application form attached with the personal ID copy / Blue card copy and the copy of academic certificate(s).



澳門管理專業協會

Macau Management Association

**MEMBERSHIP CATEGORY:**

**FULL MEMBER (WITH VOTING RIGHT)**

Full Member (Entrance Fee MOP 1,000.00 ; Annual Subscription MOP 400.00)

---

If admitted to membership of Macau Management Association in the category which the Council considers appropriate, I agree to abide by such rules and regulations of the Association as may be laid down by Council from time to time. I understand that the Council may refuse any application and is not bound to state the reasons for doing so.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

---

**FOR ASSOCIATION RECORDS ONLY**

Approved at the \_\_\_\_\_ Meeting of the \_\_\_\_\_

Council held on \_\_\_\_\_ Membership No. \_\_\_\_\_