

APPLICATION FOR INDIVIDUAL MEMBERSHIP

(Please type or print)

Name in English:	Mr./Mrs./Miss		Name in	Chinese:		
				Pager No.:		
Home No.:		Company No.:		Mobile No.:		
Fax No.:		MIM Student No.:		E - Mail :		
Address of Home:						
Address of Compa	ny:					
Company Name: _						
Correspondent Address: Home Company Other: (Please State)						
Present Job Title: _			Starting Dat	e:		
Details of Past Exp	of their	responsibility.		erms which will make clear the scope		
Dates		Position Hel	d	Name of Organization		
From	to			<u> </u>		
From						
Details of Education	on / Professiona	qualifications / Institu	tion membe	rships:		
Dates		Qualification Ob	otained	Name of Institution		
From	_ to					
From	_ to					
From	_ to					

*Please submit the application form attached with copies of academic certificate(s) (Full Member only) and your personal ID

MEMBERSHIP CATEGORY:

FULL MEMBER	LL MEMBER (WITH VOTING RIGHT)					
	Full Member	(Entrance Fee MOI	P\$1,000.00, Annual Subscription MOP\$400.00)			
ASSOCIATE MEM	MBER (NO V	OTING RIGHT)				
	Associate Me	mber (Entrance Fee	MOP\$500.00, Annual Subscription MOP\$200.00)			
appropriate, I agre	e to abide by to time. I under	such rules and reg	ssociation in the category which the Council considers ulations of the Association as may be laid down by cil may refuse any application and is not bound to state			
Date:		Applic	ant's Signature:			
FOR ASSOCIATION RECORDS ONLY						
Approved at the		Meeting of the	Council held on			
Membership No	mbership No Class:					