



HONG KONG INSTITUTE OF PROJECT MANAGEMENT

香港項目管理學會

11/F, Capital Centre, 151 Gloucester Road, Wanchai, Hong Kong
香港灣仔告士打道 151 號資本中心 11 樓

Tel 電話: (852) 2801 9765

Fax 傳真: (852) 3013 6259

Website 網址: www.hkipm.org.hk

Student Member Application Form (Category B)

Notes:

1. Please read and understand the Membership Guide and Personal Data Policy before submitting the application.
2. Free student membership is ONLY available to students aged 25 or below.
3. All Sections should be completed in BLOCK LETTERS.
4. Please send the completed form with copy of documentary proof (e.g. copy of student card) to the above address.

1. Personal Details

Surname: _____ First name: _____ Chinese name: _____

Salutation: Mr. Mrs. Ms Miss H.K. Identify Card/Passport number: _____

Date of Birth (DD/MM/YYYY): _____ Nationality: _____

Home Address:

Correspondence Address:

Telephone no. (Home): _____ (Mobile): _____ (Office): _____

Fax: _____ E-mail: _____

2. Course Details

Name of Tertiary Institution:

Address:

_____ Telephone No.: _____

Course of Study: _____

Name of Award (eg. BSc): _____ Current Year of Study: _____

Expected Month & Year of Completion (MM/YYYY): _____



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3. Volunteer

I would like to be the helper of the Hong Kong Institute of Project Management

I would not like to be the helper of the Hong Kong Institute of Project Management

If you wish to be the helper of the Hong Kong Institute of Project Management, please state the area(s) that you are interested in contributing:

4. Declaration:

I, the undersigned, hereby apply for admission to the Hong Kong Institute of Project Management. I declare that all the information and documents given in this application are correct and agree, if admitted, I have to abide by the Regulations and Rules of the Institute as now formed or as they may be thereafter legally altered.

Signature: _____ Date (DD/MM/YYYY): _____

5. Referee (this part is to be signed by your course leader)

I, the undersigned, confirm that to the best of my knowledge, information contained in this form is accurate.

Full Name of Signatory: _____ Position: _____

Signature: _____ Date (DD/MM/YYYY): _____