



# Hong Kong Institute of Acoustics

G.P.O. Box 7261 Hong Kong

## **PRIVATE AND CONFIDENTIAL**

### **APPLICATION FOR ELECTION TO THE NON-CORPORATE CLASS OF : \*ASSOCIATE MEMBER / STUDENT MEMBER**

Before completing this form please study carefully the note on Membership Requirements and Application Procedures for Election, as well as the Personal Information Collection Statement.

Name

Chinese Name (if applicable)

Title (\*Prof, Dr, Mr, Mrs, Ms, Miss etc.)

Date of Birth (Day) (Month) (Year) (Age)

Hong Kong Identification Card Number

Correspondence Address (To be registered if elected)

Tel. No. (office)

Tel. No. (mobile)

Email

(N.B. Any change in address, email address or telephone number, must be notified promptly to the Institute)

Present Membership Grade (if any)

For Official Use Only

Date Received :

Membership/Computer Number

Date Acknowledged :

Committee Date :

Supporters Contacted :

Election/Rejection Letter

\*Delete as appropriate

\*For those who are interested to become an associate/student member of the HKIOA, please complete this form, and together with any supporting documents (e.g. copy of the certificates and testimonials), all in electronic format, and send them to [membership.hkioa@gmail.com](mailto:membership.hkioa@gmail.com) for the attention of the Chairman of Membership Sub-Committee for consideration.

## EDUCATION, PROFESSIONAL EXPERIENCE AND RESPONSIBILITY

From Mth/Yr		To Mth/Yr		1. Educational qualifications (Photocopies of documentary evidence must be produced and endorsed by at least one Supporter as a true copy) including any structured training or courses relevant to the subject of acoustics	Verifying Initials of Supporters
				2. Professional qualifications (Photocopies of documentary evidence must be produced and endorsed by at least one Supporter as a true copy)	
				3. Professional Experience, with company/organization names, dates, posts held and responsibilities in chronological order (including experience which demands a knowledge of acoustics or its application)	

## ATTESTATION BY SUPPORTER

I, the undersigned, support the Candidate from personal knowledge, as a person worthy of consideration for election to the class of \*Associate Member/ Student Member and I endorse the correctness of those parts of this application which I have identified by my initial.

### Supporter

Signature \_\_\_\_\_ FHKIOA / MHKIOA\* Initial

HKIOA Membership No:

Full Name (in block letters)

Corresponding Address (in block letters)

Fax :

Telephone :

### DECLARATION

I declare that the information contained within this application is, to the best of my knowledge and belief, true and correct in every particular.

I authorize the taking up of any references by the Institute in connection with this application.

Signature :

Date :

\*Delete as appropriate