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|  | **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

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 [The first 4 digits or letters: e.g. A123XXX(X)]

Correspondence Address

Telephone

Email (Primary)

Email (Secondary)

Present Membership Grade (if any)

(N.B. Any change in address, fax or telephone number, must be notified promptly to the Institute via email: [admin@hkioa.org](mailto:admin@hkioa.org). Current members can login to [www.hkioa.org](http://www.hkioa.org) website to update the personal information)

\*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) and [membership@hkioa.org](mailto:membership@hkioa.org) for the attention of the Chairman of Membership Sub-Committee for consideration. Please also make sure that you understand relevant membership requirements as stated in the HKIOA’s webpage <http://www.hkioa.org> before lodging the application

version dated Mar 2023

**EDUCATION, PROFESSIONAL EXPERIENCE AND RESPONSIBILITY**

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| 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) |  |
|  |  |  |  |  |  |
|  | | | | 1. Professional Experience, with company/organization names, dates, posts held and responsibilities including present employment (including experience which demands a knowledge of acoustics or its application) |  |
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**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)

Email

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