



Hong Kong Institute of Acoustics

G.P.O. Box 7261 Hong Kong

PRIVATE AND CONFIDENTIAL

APPLICATION FOR ELECTION TO THE CORPORATE CLASS OF : *FELLOW / MEMBER

Before completing this form by typewriter please study carefully the note on Institute Membership Eligibility and Procedure 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

Correspondence Address (To be registered if elected)

Facsimile Telephone Email

(N.B. Any change in address, fax 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 a fellow/corporate 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 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 you lodge the application.

EDUCATION, PROFESSIONAL EXPERIENCE AND RESPONSIBILITY

From Mth/Yr	To Mth/Yr	1. Academic qualifications (Photocopies of documentary evidence must be produced and endorsed by at least one Supporter as a true copy) Note: The documentary evidence must be self-explanatory enough to demonstrate that the qualification is directly related to acoustics, and where necessary, should be substantiated by information such as transcript, or course outline showing the portion (in terms of credit hours etc) of each subject relevant to 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 names, dates, posts held and responsibilities (excluding present employment) [Please state the proportion of time (in terms of years / months or percentage (%)) as appropriate) devoted to the work relevant to acoustics]	

ATTESTATION BY SUPPORTERS

We, the undersigned, support the Candidate from personal knowledge, as a person worthy of consideration for election to the class of *Fellow/Member and we endorse the correctness of those parts of this application which we have identified by our initials.

Supporter 1

Signature _____ FHKIOA / MHKIOA* Initial

Full Name (in block letters)

Corresponding Address (in block letters)

Fax :

Telephone :

HKIOA Membership No:

Supporter 2

Signature _____ FHKIOA / MHKIOA* Initial

Full Name (in block letters)

Corresponding Address (in block letters)

Fax :

Telephone :

HKIOA Membership No:

Supporter 3

Signature _____ FHKIOA / MHKIOA* Initial

Full Name (in block letters)

Corresponding Address (in block letters)

Fax :

Telephone :

HKIOA Membership No:

*Delete as appropriate

Present Employment	
Applicant should indicate clearly the nature of the work undertaken (not merely state job title). The information should indicate the level of responsibility attached to the applicant's work in acoustics. Only experience relevant to this application should be included. Applicant should also indicate in a separate sheet his/her current position in a certified family tree in his/her organisation or company of present employment.	
Name of Employer : Address : Telephone : Fax : Nature of Employer's business : Date appointed : Title of Present Post :	Verifying Supporters
Details of present post experience and responsibility [Please state the proportion of time (in terms of years / months or percentage (%)) as appropriate) devoted to the work relevant to acoustics]	

(Append additional sheets if necessary)

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 also understand that I may be offered another class of membership after assessment of my application, and under such circumstances, this application would be regarded as an application for such class of membership offered, with the respective application fee considered having been paid.
I authorize the taking up of any references by the Institute in connection with this application.

Signature :

Date :