



香港品質管理協會  
Hong Kong Quality Management Association

(Incorporated with limited liability)

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61 - 63 King Yip Street, Kwun Tong, Kowloon.  
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Website 網址: www.hkqma.org

個人會員申請及升級表

Application / Upgrade of Individual Membership Form

Please complete and return this form together with copy of your concerned certification/documents and a crossed cheque of HK\$\_\_\_\_\_ payable to Hong Kong Quality Management Association. 請填妥表格連同閣下的證書和文件副本及一張\_\_\_\_\_元劃線支票寄回，支票抬頭請寫香港品質管理協會。

Application / Transfer to (申請及會籍提升)	Ent. / Annual / Trans. fee (入會費/年費/會籍提升)
<input type="checkbox"/> 資深會員 Fellow Member (FHKQMA)	HK\$100/700
<input type="checkbox"/> 普通會員 Ordinary Member (MHKQMA)	HK\$100/500/350
<input type="checkbox"/> 協會會員 Associate Member (AHKQMA)	HK\$100/350/350
<input type="checkbox"/> 學生會員 Student Member	HK\$50/150

**Privacy Policy:** HKQMA is committed to safeguard the confidentiality of your personal information. We pledge to comply with the provisions of the HKSAR Personal Data (Privacy) Ordinance.  
(私隱保障: 本申請表格的所有資料均受香港私隱條例保障)

**PERSONAL PARTICULARS (個人資料)**

Name(姓名): \_\_\_\_\_ English(英文) \_\_\_\_\_ Chinese(中文) (Dr / Mr / Mrs / Ms)  
(Membership certificate issued will bear the name given above, which should therefore be stated in full.)

Date of Birth(出生日期): \_\_\_\_\_ (d 日/m 月/y 年) Age(年齡): \_\_\_\_\_ Place of Birth(出生地點): \_\_\_\_\_

HKID No(身份證號碼): \_\_\_\_\_ ( ) Nationality(國籍): \_\_\_\_\_ Membership No(會員編號): \_\_\_\_\_  
(for Upgrade Membership only 升級會員專用)

Address for Communication(聯絡地址): \_\_\_\_\_  
E-mail Address(電郵地址): \_\_\_\_\_ Tel No(電話號碼): \_\_\_\_\_  
Fax No(傳真號碼): \_\_\_\_\_

**CURRENT EMPLOYMENT (現今職業)**

Job Positions(職位): \_\_\_\_\_ Date of Commencement(開始日期): \_\_\_\_\_

Organisation(公司名稱): \_\_\_\_\_

Address(地址): \_\_\_\_\_  
Nature of Business(業務性質): \_\_\_\_\_ Tel No(電話號碼): \_\_\_\_\_  
Fax No(傳真號碼): \_\_\_\_\_

**CARERR HISTORY, starting with current/ most recent post (職業歷史)**

From(由) m(月)/y(年)	To(至) m(月)/y(年)	Working Experience(工作經驗) Organisation(公司)and Positions Held(職位)	Referee*(證明)/Name(姓名) Title(名稱) & Tel(電話)

The referee in each case should be a superior of the applicant. The referee is asked to certify from personal knowledge that the information given by the applicant is correct.

**EDUCATIONAL INFORMATION (學歷)**

Name of Institution (機構名稱)	From (由)	To (至)	Mode* (方式)	Qualification Obtained (獲得資格)
	(m 月 / y 年)			

\* Please indicate mode of study: "F" for full time, "P" for part time and "D" for distance learning

**PROFESSIONAL QUALIFICATIONS (專業資格)**

Name of Professional Body (專業組織名稱)	Date Elected to Membership (推選會員身份日期)	Designatory Letter (證明信)

I declare that the above information is true and complete to the best of my knowledge and belief  
(我聲明以上的資料是正確以及擁有最完整學識和信念)

If you DO NOT WISH to receive our latest updates and email letter through the HKQMA, please tick this box   
(若閣下不欲收到任何透過協會發出的資訊及電郵,請在方格內填上剔號)

Signature of Applicant (申請人簽署)

Date (日期)

**FOR OFFICE USE ONLY (只供辦公室使用)**

Date received: \_\_\_\_\_ Information verified by: \_\_\_\_\_  
(收到日期) (誰證實資料)

Date reviewed by Committee: \_\_\_\_\_ Date of application approved/rejected: \_\_\_\_\_  
(委員會檢閱日期) (申請被認可或拒絕日期)

Membership Officer: \_\_\_\_\_ Membership No.: \_\_\_\_\_  
(會員主任) (會員編號)

Payment Received: HK\$ \_\_\_\_\_ Cash/Chaque No.: \_\_\_\_\_  
(收到費用) (現金或支票編號)

Date of sending notification (發出通知書日期): \_\_\_\_\_

- |                                                  |                                                       |
|--------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Receipt (收據)            | <input type="checkbox"/> Pamphlet (小冊子)               |
| <input type="checkbox"/> Acceptance Letter (接受信) | <input type="checkbox"/> Questionnaire (問卷)           |
| <input type="checkbox"/> Certificate (證明書)       | <input type="checkbox"/> Mentor Scheme Letter (導師計劃信) |