

# Membership Application, Renewal & Upgrade

## SECTION 1 – Basic Personal Information

### A. Personal Demographics (Please ☒ in the boxes)

<b>Title:</b>	<input type="checkbox"/> Dr. <input type="checkbox"/> Ir. <input type="checkbox"/> Sr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss.	<b>I AM APPLYING FOR -</b>	
<b>Surname:</b>		Upgrade:	<input type="checkbox"/> Yes
<b>Given name:</b>		ISHP Membership No.:	
<b>中文姓名:</b>	(姓) (名)	New/Renewal:	<input type="checkbox"/> Yes
<b>Year of Birth:</b>		<b>Grade (Abbrev.)^</b>	<b>Annual Fee</b>
<b>Nationality:</b>		<input type="checkbox"/> Senior (SMISHP)	HKD\$800.00
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Member (MISHP)	HKD\$300.00
<b>RSO No.:</b>	( <input type="checkbox"/> N.A.)	<input type="checkbox"/> Student	FREE

^ - Fellow membership (FISHP) is subject to nomination. For further details, please visit our webpage.

### B. Contact Information

<b>Contact Info.</b>	<b>Home</b>	<b>Business (<input type="checkbox"/> N.A.)</b>
<b>Address:</b>		
<b>Country:</b>		
<b>Phone No.:</b>		
<b>Email:</b>		
<b>Contact Preference:</b> (Please <input checked="" type="checkbox"/> either ONE preference)		<input type="checkbox"/> Home Address <input type="checkbox"/> Business Address <input type="checkbox"/> Home E-mail <input type="checkbox"/> Business E-mail

### C. Payment (Please ☒ in the boxes)

<input type="checkbox"/> <b>Direct Bank Transfer</b> I enclosed a pay-slip (reference no.: _____) HSBC: 078-366358-838; <u>The Institute of Safety and Health Practitioners Limited</u> *Please email the application form & bank transfer receipt to <a href="mailto:ishp-admin@ishp.org.hk">ishp-admin@ishp.org.hk</a> .
<input type="checkbox"/> <b>Crossed Cheque</b> I enclosed a cheque (no.: _____) payable to <u>The Institute of Safety and Health Practitioners Limited</u> . *Please mail your cheque and application form to the address below and email the application form & cheque copy to <a href="mailto:ishp-admin@ishp.org.hk">ishp-admin@ishp.org.hk</a>



Email : [ishp-admin@ishp.org.hk](mailto:ishp-admin@ishp.org.hk)

Homepage : [www.ishp.org.hk](http://www.ishp.org.hk)

Tel : (+852) 6838-8930

Correspondence Address:

c/o SCOPE, CityU, 8/F., United Centre, 95 Queensway Admiralty, Hong Kong.

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## SECTION 2 – Qualifications

### A. Education Background

Dates of attendance (month/year)		Name of Institution	Qualifications obtained, with classification if any	Date of award (month/year)
From	To			

### B. Professional Membership

Name of professional body	Name of award	How it is obtained (e.g. by examination)	Date of award (month/year)

### C. Work Experience (In Descending Chronological Order)

Dates (date/month/year)		Name of Employment Institution	Position held (if part-time please state this clearly)
From	To		

\*Should you have any enquiry, please contact us at : [ishp-admin@ishp.org.hk](mailto:ishp-admin@ishp.org.hk)

### Declaration:

I declare that the information I have submitted is true and accurate to the best of my knowledge and belief and that I understand that membership gained by misrepresentation of qualifications, status or experience may result in cancellation of my membership with no refund of fees.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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