

Membership Application & Renewal

SECTION 1 – Basic Personal Information

A. Personal Demographics (Please in the boxes)

Title:	<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.	Application	
		New Application:	<input type="checkbox"/> Yes
Surname:		Renewal:	<input type="checkbox"/> Yes
		<i>ISHP Membership no. (if applicable):</i>	
Given name:		Category	Annual Fee
中文姓名:	(姓) (名)	<input type="checkbox"/> Fellow (FISHP) ^	HKD\$2,000.00
Year of Birth:		<input type="checkbox"/> Member (MISHP)	HKD\$800.00
Nationality:		<input type="checkbox"/> Associate (AMISHP)	HKD\$500.00
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Student (SISHP)	FREE
RSO No.:	(<input type="checkbox"/> N.A.)	<input type="checkbox"/> Retired	HKD\$100.00
^For applicant of FISHP only (A nominator has to be a past/current member of ISHP executive council):			
Name of nominator :			
Email :		Contact Number:	

B. Contact Information

Contact Info.	Home	Business (<input type="checkbox"/> N.A.)
Address:		
Country:		
Phone No.:		
Email:		
Contact Preference: (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"/> Direct Bank Transfer 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 ishp-admin@ishp.org.hk .
<input type="checkbox"/> Crossed Cheque 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 & copy of the cheque to ishp-admin@ishp.org.hk .



Email : ishp-admin@ishp.org.hk

Homepage : 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

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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