

本學會已經於 2020 年 11 月 6 日為資深會員類別設立兩個分項會員資格，包括資深會員（執業）及資深會員（非執業）的類別，主要理念為期望只將工作地區分類，以香港工作經驗或非香港工作經驗分類：

資深會員（執業）Fellow Member (Practising)

- (1) 本地大學或國際認可大學學士學位（資歷架構第五級）或同等學歷，包括物業管理學位或非物業管理學位；及
- (2) **香港**物業管理工作經驗達到年資 10 年或以上並擔任管理或監督角色；及
- (3) 擁有相關專業團體\*資格並有過往 5 年參與相關專業團體\*或本會的持續專業發展活動記錄。

\*相關專業團體：香港房屋經理學會 / 英國特許房屋經理學會亞太分會 / 香港測量師學會 / 皇家特許測量師學會 / 香港設施管理學會 / IFMA Hong Kong Chapter / 香港會計師公會 / 香港工程師學會

資深會員（非執業）Fellow Member (Non- Practising)

- (1) 本地大學或國際認可大學學士學位或同等學歷；及
- (2) 物業管理工作經驗達到年資 10 年或以上並擔任管理或監督角色。

符合上述條件並意欲申請“資深會員（執業）”資格的會員，可連同申請表格(Form 102)，以郵寄方式寄送至學會郵政信箱：香港灣仔告士打道郵政局信箱 28549 號。

Mailing Address : P.O.Box 28549, Gloucester Road Post Office, Wanchai, Hong Kong

郵寄地址：香港灣仔告士打道郵政局信箱 28549 號

### APPLICATION FOR FELLOW MEMBER (PRACTISING) 資深會員（執業）申請 (Form 102)

#### Applicant Information (please use CAPITAL LETTER) 申請人資料 (請用正楷填寫)

<b>Title 尊稱</b>		<b>Date of Birth 出生日期</b>		<b>Photo 相片</b>
Mr./Mrs./Miss/Dr./Other				
<b>Surname / 姓氏</b>		<b>Given Name / 名字</b>		
/		/		
<b>Marital Status 婚姻狀況</b>		<b>Gender 性別</b>		
<b>Telephone 電話</b>		<b>Email 電郵</b>		
Mobile 手機				
<b>Office 公司</b>		<b>Correspondence Address 聯絡地址</b>		
<b>Member ID 會員編號</b>				
<b>Nationality 國籍</b>				
<b>Passport/HKID No. 身份證件號碼</b>				

#### Academic Information 學歷資料

**Name of University 院校名稱**

**Highest Qualification Obtained 最高學歷**

**Year of Obtained 獲取年份**

#### Qualification Information 專業資格資料

**Name of Professional Organization 專業團體名稱**

**Qualification Obtained 專業資格**

**Year of Obtained 獲取年份**

- Attached are the requirements for participating in and complying with the continuous professional development activity records of relevant professional bodies or this association in the past 5 years.

附上過往 5 年參與及符合相關專業團體或本會的持續專業發展活動紀錄的要求。

Note: If insufficient space, please use separate sheet. 註：如表格內空位不足，請另紙填寫。

Mailing Address : P.O.Box 28549, Gloucester Road Post Office, Wanchai, Hong Kong

郵寄地址：香港灣仔告士打道郵政局信箱 28549 號

### Work Experience Information for the past 10 years 過往 10 年工作經驗資料

<b>Name of Company 公司名稱</b>	<b>Date of Employment 受聘日期</b>
	From 由 To 至
<b>Job Title &amp; Duty 工作職位及職責</b>	
<b>Name of Company 公司名稱</b>	<b>Date of Employment 受聘日期</b>
	From 由 To 至
<b>Job Title &amp; Duty 工作職位及職責</b>	
<b>Name of Company 公司名稱</b>	<b>Date of Employment 受聘日期</b>
	From 由 To 至
<b>Job Title &amp; Duty 工作職位及職責</b>	

Note: If insufficient space, please use separate sheet. 註：如表格內空位不足，請另紙填寫。

### DECLARATION 聲明

Personal data collected in this form will only be used for membership application processing. Once the application is accepted by the Institute, the data will be kept as record so long as the applicant maintains his/her membership with the Institute. Personal data of the unsuccessful applicant will be destroyed in twelve months from the date of application.

填寫本申請表內之個人資料只用於處理加入成為本會會員之申請事宜上，一旦申請獲接納，有關資料將被保存直至申請人不再為本會會員止。未獲接納為本會會員之個人資料將於申請日起十二個月後被銷毀。



# 香港物業管理師學會

Hong Kong Institute of Certified Property Managers

Mailing Address : P.O.Box 28549, Gloucester Road Post Office, Wanchai, Hong Kong

郵寄地址：香港灣仔告士打道郵政局信箱 28549 號

I, \_\_\_\_\_, wish to apply to join the “Hong Kong Institute of Certified Property Managers” as a Fellow Member (Practising). I hereby declare that the information provided on this form is TRUE AND CORRECT and that if approved to membership agree to abide by the rules and by-laws of the Institute and by any amendments which may thereto be made at any time. I declare to the best of my knowledge that the information given in this application is true and correct. I hereby confirm that I have never been criminally convicted and sentenced to imprisonment exceeding three months or to a fine exceeding over HKD10,000, whether in Hong Kong or elsewhere. I agree to the Institute’s access to my personal data and understand there is no breach of the PERSONAL DATA (PRIVACY ORDINANCE) on the Institute’s part as a result of the Institute’s so doing as aforesaid.

本人 \_\_\_\_\_，願意申請成為「香港物業管理師學會」之資深會員（執業）。本人茲 聲明在此表格內填寫之資料真實正確，及同意遵守所有會規包括經學會不時通過修改的內容。本人謹此聲明，本申請表中所提供的資料全部真實及正確，本人並確認沒有因任何刑事罪行在香港或其他地方被定罪及被判處超過三個月的監禁或超過 10,000 港元之罰款。本人同意貴學會對本人資料進行查閱，及明白此與「個人資料(私隱)條例」並無抵觸。

**Signature of Applicant**

**申請人簽署**

\_\_\_\_\_

**Date**

**日期**

\_\_\_\_\_

Mailing Address : P.O.Box 28549, Gloucester Road Post Office, Wanchai, Hong Kong  
郵寄地址：香港灣仔告士打道郵政局信箱 28549 號

## **Application Procedure 申請步驟**

- 1) Complete this Application Form  
填妥本申請表。
- 2) The following documents must be submitted together with the Application Form:  
連同下列文件與申請表一同遞交：
  - a) Copy of Applicant's ID or passport;  
申請人身份證或護照影印本;
  - b) A photo sized 2" x 1.5' (please write down the name of Applicant at the back of photo);  
一張 2 吋 x 1.5 吋相片 (相片背後寫上申請人姓名);
  - c) Copies of certificates of academic qualification, professional qualification, employment or practice records and the continuous professional development activity records of relevant professional bodies or this association in the past 5 years;  
申請人的學歷證明、專業資格、工作經驗證明副本過往 5 年參與及附合相關專業團體或本會的持續專業發展活動紀錄的要求;
- 3) The Institute reserves its right to accept or refuse any application for membership and is not obliged to provide explanation in any case.  
本學會保留接受或拒絕個別會員申請而不作任何解釋之最終權。
- 4) For enquiries, please contact any member of the General Council.  
如有查詢，請與本學會任何一位執行委員聯絡。