



香港工業安全協會
HONG KONG INDUSTRIAL SAFETY ASSOCIATION

P. O. Box 962, Shatin Central Post Office, Shatin, New Territories, Hong Kong

APPLICATION FOR MEMBERSHIP
(COMPANY/FULL/ASSOCIATE)

MEMBER NO:

FOR OFFICIAL USE

A. PERSONAL PARTICULARS

NAME	SURNAME	FIRST NAME	OTHER NAME	NAME IN CHINESE	RECENT PHOTOGRAPH
PASSPORT/ I.D. NO. (Please attach copy)		SEX		NATIONALITY	
DATE OF BIRTH		PLACE OF BIRTH			
HOME ADDRESS				TEL. NO.	
				FAX NO.	
MAIL ADDRESS (IF DIFFERENT FROM HOME ADDRESS)				E-MAIL	
				MOBILE	

B. ACADEMIC QUALIFICATIONS (Please attach copy)

SCHOOL/COLLEGE/ POLYTECHNIC/UNIVERSITY	ATTENDED		CERTIFICATE/ DIPLOMA/DEGREE AWARDED	FOR OFFICAL USE
	FROM	TO		

B. ACADEMIC QUALIFICATIONS (Please attach copy)

ARE YOU REGISTERED SAFETY OFFICER? YES NO

CURRENT MEMBERSHIP OF PROFESSIONAL INSTITUTIONS	YEAR JOINED	FOR OFFICAL USE

*Delete whenever not applicable

D. EMPLOYMENT HISTORY (In Chronological Order)

YEAR		NAME OF COMPANY	POSITION HELD	FOR OFFICAL USE
FROM	TO			

E. DECLARATION

I, _____, THE UNDERSIGNED, DECLARE THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT I SHALL ABIDE BY THE MEMORANDUM AND ARTICLES OF THE ASSOCIATION.

SIGNATURE: _____

DATE: _____

 ENDORSED BY FELLOW/FULL MEMBER: _____
 (FULL NAME)

SIGNATURE: _____

F. OFFICIAL RECORDS
 APPROVED/REJECTED AS _____ BY EXECUTIVE COMMITTEE AT MEETING
 HELD ON _____.

CHAIRMAN: _____

DATE: _____

MEMBERSHIP OFFICER: _____

DATE: _____

REPLY LETTER SENT ON:

MEMBERSHIP CERTIFICATE SENT ON:

NOTES

- Application form should be completed in BLOCK LETTERS in full.
- Entrance fee and Annual subscription fee must be enclosed with the application.
All fee will be returned to applicant if application is unsuccessful.
(Financial Year: 1st January of each year)
- Entrance fee/Annual subscription fee for:
Company Member: HK\$500/HK\$500
Full Member : HK\$200/HK\$250
Associate Member: HK\$200/HK\$150
- Cheque should be made payable to HONG KONG INDUSTRIAL SAFETY ASSOCIATION.

Supplementary Information Sheet for the Application Form of HKISA Membership

Applicant : _____

Part A : Employment Details

Name of Employer : _____
Full-time Job : Y/N

Position Held : _____

Dates Employed in this Position : From _____ To _____

Number of Employees for which
you provide safety services : _____

Name and Title of Immediate
Supervisor : _____

Please draw an organisation chart to show your position in your Organisation / safety Organisation.

Part B : Professional Achievement

Membership of other
professional bodies : _____

Published Papers : _____

Part C : Description of Safety Experience

Please indicate the percentage of your time spent in the following areas:

_____ Hazard Identification	_____ Safety / Health Program Design	_____ Safety Training / Education
_____ Hazard Evaluation	_____ Safety / Health Program Evaluation	_____ Supervision of Other Safety Personnel
_____ Hazard Control Design	_____ Safety / Health Communication	_____ Environmental Protection
_____ Hazard Control	_____ Investigation and	_____ Neither Safety / Health
_____ Verification	_____ Statistical Reportings	_____ nor Environmental task

For the three (3) areas above where you spent the MOST time, provide a brief description of your work in the area and at least one (1) specific example.

Part D : Referees

Your Immediate Supervisor

Name : _____ Tel. no. : _____

Company : _____ Title : _____

Contact Address : _____

Referee

Name : _____ Tel. no. : _____

Company : _____ Title : _____

Contact Address : _____

Name & Signature : _____ Date : _____