

MEMBERSHIP APPLICATION FORM

A. DECLARATION OF APPLICANT

To the Hon. Secretary of the Hong Kong Association of Risk Management and Safety (HKARMS)

I, Prof/Dr/Ir/Mr/Ms/Other _____
(delete the inappropriate entry) (Surname) (Given Name)

Chinese Name: _____
Current Employer: _____
Position/Job title: _____
Correspondence Address: _____

Email: _____ Tel _____ Fax: _____

hereby, apply to be admitted to the Association as (check the appropriate box):

- General Member
Subject to HK\$100 admission and membership fee for the first year (currently, we do not charge for annual membership fee), with voting rights at General Meetings. Please bank-in or wire transfer to account number (HSBC 005) 557-853462-001 with account name "**Hong Kong Association of Risk Management and Safety**".
- Associate Member
Free of admission fee and membership charges but with NO voting rights at General Meetings and without certain privileges of General Members as determined by the Association.

and certify that the statements in this application are true, and do hereby agree that in the event of my election or transfer of membership grade in the Association, I will be governed by the Articles of the Association* as they are now formed or as they may hereafter be altered, and that I will not use any titles, abbreviated titles or descriptions associated with the Association except those to which I may be entitled under the Articles of the Association and that I will advance the objects of the Association as far as shall be in my power.

I further undertake that I will pay the applicable subscription from time to time prescribed in the Articles of the Association, and if at any time I shall desire to withdraw from the Association I will forthwith pay to the Association all arrears of subscription or other payments due from me.

Date of Application

Signature of Applicant
(not needed for electronic copy)

Please return the completed Form and bank-transfer record (if applicable) to membership@hkarms.org

* The Articles of Association can be obtained from the Hon. Secretary at info@hkarms.org

FOR HKARMS OFFICE USE ONLY

Date Considered:

Membership Grade:

Membership Number:

Handling Officer

Signature

Date

B. PERSONAL DETAILS (Optional to Associate Members)

Confidentiality – The information on this form, when completed, will be treated as confidential information for the use of the Association only. The Association reserves the right to disclose relevant information to the nominated referees when consulting them for membership application issue. Members’ own information maintained by the Hon. Secretary of the Association can be made available upon a written request. If you do not wish the personal details to be included in the Association’s publication or website, please indicate by placing a cross here .

Academic Education (insert additional row if needed)

From	To	Institution	Degree/Diploma/Other

Technical Qualifications (insert additional row if needed)

Please enclose evidence of the professional or technical qualifications relevant to the application.

Date	Awarding Body (e.g., Labour Dept)	Qualifications Attained (e.g., Register Safety Officer)

Professional Affiliations (insert additional row if needed)

Please enter details of membership of relevant institutions / associations:

Affiliation	Membership Grade	Membership Number	Membership Since

C. AREAS OF CONTRIBUTION TO HKARMS

Please indicate areas with which you may wish to contribute to HKARMS:

- | | |
|--|--|
| <input type="checkbox"/> Seminar Speaker | <input type="checkbox"/> Conference Organizing Committee |
| <input type="checkbox"/> Arranging Site Visits | <input type="checkbox"/> Web Page Coordinator |
| <input type="checkbox"/> Membership Selection | <input type="checkbox"/> Others: _____ |

D. AREAS OF INTERESTS

- | | | |
|--|---|---|
| <input type="checkbox"/> Business Continuity and
Emergency Preparedness | <input type="checkbox"/> Human Factors and
Behavioural Science | <input type="checkbox"/> PSA/QRA Applications |
| <input type="checkbox"/> Consequence Assessment | <input type="checkbox"/> Industrial Safety | <input type="checkbox"/> Safety Culture and Organizational
Factors |
| <input type="checkbox"/> Construction Design
Management | <input type="checkbox"/> Management and Decision
Making | <input type="checkbox"/> Safety Management Systems |
| <input type="checkbox"/> Environmental Assessment | <input type="checkbox"/> Occupational Safety & Health | <input type="checkbox"/> Structural Reliability Methods |
| <input type="checkbox"/> Fire Engineering | <input type="checkbox"/> Phenomenon Modelling | <input type="checkbox"/> System Assurance and System Safety |
| <input type="checkbox"/> Others: _____ | | |