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|  | **Hong Kong Institute of Acoustics**  G.P.O. Box 7261 Hong Kong |

# PRIVATE AND CONFIDENTIAL

APPLICATION FOR ELECTION TO THE CORPORATE CLASS OF : \*FELLOW / MEMBER

Before completing this form please study carefully the note on Institute Membership Eligibility and Procedure for Election

Name

Chinese Name (if applicable)

Title (\*Prof, Dr, Mr, Mrs, Ms, Miss etc.)

Date of Birth: (Day) (Month) (Year) (Age)

Hong Kong Identification Card Number [The first 4 digits or letters: e.g. A123XXX(X)]

Correspondence Address

Telephone

Email (Primary)

Email (Secondary)

Present Membership Grade (if any)

(N.B. Any change in address, fax or telephone number, must be notified promptly to the Institute via email: [admin@hkioa.org](mailto:admin@hkioa.org). Current members can login to [www.hkioa.org](http://www.hkioa.org) website to update the personal information)

\*Delete as appropriate

\*For those who are interested to become a fellow/corporate member of the HKIOA, please complete this form, and together with any supporting documents (e.g. copy of the certificates and testimonials), all in electronic format, and send them to [membership.hkioa@gmail.com](mailto:membership.hkioa@gmail.com) and [membership@hkioa.org](mailto:membership@hkioa.org) for the attention of the Chairman of Membership Sub-Committee for consideration. Please also make sure that you understand relevant membership requirements as stated in the HKIOA’s webpage http://www.hkioa.org before lodging the application.

version dated Mar 2023

**EDUCATION, PROFESSIONAL EXPERIENCE AND RESPONSIBILITY**

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| From Mth/Yr | | To Mth/Yr | | 1. Academic Qualifications (Photocopies of documentary evidence must be  produced and endorsed by at least one Supporter as a true copy)  **Note**: The documentary evidence must be self-explanatory enough to demonstrate that the qualification is directly related to acoustics, and where necessary, should be substantiated by information such as transcript, or course outline showing the portion (in terms of credit hours  etc) of each subject relevant to acoustics. | Verifying Initials of Supporters |
|  |  |  |  |  |  |
|  | | | | 2. Professional Qualifications (Photocopies of documentary evidence must  be produced and endorsed by at least one Supporter as a true copy) |  |
|  |  |  |  |  |  |
| From Mth/Yr | | To  Mth/Yr | | 3. Professional Experience, with company names, dates, posts held and responsibilities including present employment  [Please state the proportion of time (in terms of years / months or percentage (%) as appropriate) devoted to the work relevant to acoustics] | Verifying Initials of Supporters |
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| From Mth/Yr | | To  Mth/Yr | | 3. Professional Experience, with company names, dates, posts held and responsibilities including present employment (cont’d)  [Please state the proportion of time (in terms of years / months or percentage (%) as appropriate) devoted to the work relevant to acoustics] | Verifying Initials of Supporters |
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(Append additional sheets if necessary)

**DECLARATION**

I declare that the information contained within this application is, to the best of my knowledge and belief, true and correct in every particular. I also understand that I may be offered another class of membership after assessment of my application, and under such circumstances, this application would be regarded as an application for such class of membership offered, with the respective application fee considered having been paid. I authorize the taking up of any references by the Institute in connection with this application.

Signature : Date :

**ATTESTATION BY SUPPORTERS**

We, the undersigned, support the Candidate from personal knowledge, as a person worthy of consideration for election to the class of \*Fellow/Member and we endorse the correctness of those parts of this application which we have identified by our initials.

# Supporter 1

Signature FHKIOA / MHKIOA\* Initial

Full Name (in block letters)

Email

Telephone

HKIOA Membership No:

# Supporter 2

Signature FHKIOA / MHKIOA\* Initial

Full Name (in block letters)

Email

Telephone

HKIOA Membership No:

# Supporter 3

Signature FHKIOA / MHKIOA\* Initial

Full Name (in block letters)

Email

Telephone

HKIOA Membership No:

\*Delete as appropriate