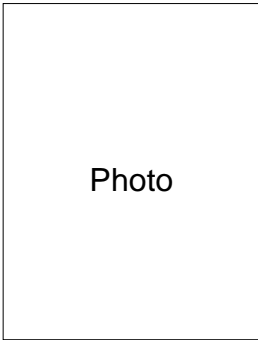




香港城市設計學會
Hong Kong Institute of Urban Design

MEMBERSHIP APPLICATION FORM



DECLARATION

I, Mr./Mrs./Ms./Dr./Prof
(Full Name in BLOCK LETTERS, surname to be underlined)
Name in Chinese Date of Birth H.K. Identity Card No.
Correspondence Address
.....
Tel. No. Mobile Fax No. E-mail
submit this application for membership of the Hong Kong Institute of Urban Design.

Membership Type (Please tick as appropriate)

<input type="checkbox"/> Full Member	<input type="checkbox"/> Associate Member	<input type="checkbox"/> Friend of the Institute
<input type="checkbox"/> Fellow Member	<input type="checkbox"/> Graduate Member	<input type="checkbox"/> Student Member

I promise that I will abide by and observe the provisions of the Bye-laws of the Institute, that I will pay the subscriptions prescribed for the class to which I am and that I will promote the objectives of the Institute as far as may be in my power.

I declare that all the particulars given in this application are true and correct to the best of my knowledge and belief.

Signature Date

SPONSORS

We the undersigned, being Members / Fellows of the Hong Kong Institute of Urban Design, hereby support the applicant to be Member of the Hong Kong Institute of Urban Design.

We certify that we have personally known this applicant for years and years respectively, and are satisfied that he / she is suitable to be a Member of the Hong Kong Institute of Urban Design.

	Proposer	Supporter
Signature		
Name (Capitals)		
HKIUD Member/Fellow No.		
Date		

FOR HKIUD USE ONLY

Application Received by Date Membership Board meeting on
Application Acknowledged by Date Certificates Seen by Date
Qualifying Examination requirement checked by Date.....
Membership Number

EDUCATION

Give details of your education which should include post graduate education in urban design and related field.

Year of Award	Diploma / Degree (title)	Duration (FT/PT)	Institution
.....
.....
.....

Address of the institution from which urban design post graduate degree was awarded

.....
 Address of the institution from which urban design related diploma/degree was awarded

.....

PROFESSIONAL QUALIFICATIONS

Give details of the professional qualification obtained.

Year of Award	Qualification	Institution
.....
.....
.....

Address of the Institute

.....

Note: A copy of the relevant certificate, diploma and transcript for the necessary academic or professional qualification (documents which are not in English or Chinese must be accompanied by a translation in English) shall be attached with the application form.

BRIEF SUMMARY OF WORKING EXPERIENCE

Please give in chronological order particulars of positions held in and outside Hong Kong, employing authorities or firms indicating relevant Departments and / or Sections of the organizations concerned, giving dates (month and year); brief details of the level of your responsibility, type of work undertaken in each post, and the total time engaged on each aspect of the work concerned.

Experience	Period

HKIUD Professional Assessment

Log Book for HKIUD Full Membership Application

Part A (to be completed by the candidate)

I, Mr./Mrs./Ms./Dr./Prof(candidate) wish to nominate

Mr./Mrs./Ms./Dr./Prof.....(Proposer), who has been a Full Member

of HKIUD (Membership No.) since

I declare that all the particulars given in this application are true and correct to the best of my knowledge and belief.

Name of Candidate(Block Letters) Signature.....

Date

Candidate's Correspondence Address

.....
.....

Tel:

Email:

FOR HKIUD USE ONLY
Application Received by Date

