

**INDIVIDUAL ASSOCIATE MEMBERSHIP APPLICATION FORM**

Applicant Information			
<b>Name:</b>	(English)	(Chinese)	
<b>Salutation:</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Others (Pls specify) _____		
<b>Company:</b>	(English)	(Chinese)	
<b>Position:</b>	(English)	(Chinese)	<b>Years of Experience in Retail:</b> _____
<b>Years of Experience in Service or Related Industry:</b>	Pls specify the industry: _____		
<b>Company Address:</b>			
<b>Tel:</b>	<b>Mobile:</b>	<b>Fax:</b>	
<b>Email (Company):</b>	<b>Email (Personal):</b>	<b>Website:</b>	
<b>Correspondence Address:</b> (if different from above)	_____		
Business Category (Please tick one major category and indicate sub-category if required)			
<input type="checkbox"/> 1. Beauty Products/Cosmetics	<input type="checkbox"/> 11. Fashion & Accessories	<input type="checkbox"/> 17. Retail Services	<input type="checkbox"/> 19. Specialty Stores
<input type="checkbox"/> 2. Convenience Stores	<input type="checkbox"/> a. Fashion & Accessories	<input type="checkbox"/> a. Entertainment	<input type="checkbox"/> a. Bird's Nest/Ginseng/Seafood
<input type="checkbox"/> 3. Department Stores	<input type="checkbox"/> b. Footwear	<input type="checkbox"/> b. Public Utilities	<input type="checkbox"/> b. Books/Magazines/Stationery/Gift
<input type="checkbox"/> 4. Drug Stores	<input type="checkbox"/> c. Sport & Outdoor Products	<input type="checkbox"/> c. Retail Banking	<input type="checkbox"/> c. Flower/Plants
<input type="checkbox"/> 5. Electronic & Electrical Appliances	<input type="checkbox"/> d. Underwear & Nightwear	<input type="checkbox"/> d. Theme Park	<input type="checkbox"/> d. Music/Video
<input type="checkbox"/> 6. Fastfood Shops	<input type="checkbox"/> 12. Personal Care Products	<input type="checkbox"/> 18. Other (Pls specify)	<input type="checkbox"/> e. Optical
<input type="checkbox"/> 7. Food Shops	<input type="checkbox"/> 13. Restaurants/ Catering		<input type="checkbox"/> f. Toys
<input type="checkbox"/> 8. Furniture & Home Accessories	<input type="checkbox"/> 14. Supermarkets		<input type="checkbox"/> g. Tea
<input type="checkbox"/> 9. Health Care Products	<input type="checkbox"/> 15. Telecommunications		<input type="checkbox"/> h. Wine
<input type="checkbox"/> 10. Infant and Child Merchandise	<input type="checkbox"/> 16. Watch & Jewellery		<input type="checkbox"/> i. Other (Pls specify): _____
Profession (Please tick one)			
<input type="checkbox"/> Accounting/Corporate Finance	<input type="checkbox"/> Human Resources & Training	<input type="checkbox"/> Property Management	
<input type="checkbox"/> Administration / Management	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Sales	
<input type="checkbox"/> Banking / Financial Services	<input type="checkbox"/> Insurance	<input type="checkbox"/> Others (Pls specify): _____	
<input type="checkbox"/> Customer Services	<input type="checkbox"/> Legal		
<input type="checkbox"/> Education	<input type="checkbox"/> Marketing / Communications		
Additional Information (Remarks: Additional information is for consideration of this application only; it will not be disclosed for other purposes.)			
Academic Qualification (Pls specify Education Institution Attended & Year of Award):	_____		
Professional Qualification:	_____		
Career Highlights/Achievements:	_____		
Social Service:	_____		
Data Privacy Statement and Declaration			
<p>The information collected from you will be used for purpose of processing your membership application. Please note that it is mandatory for you to provide all personal data. If you do not provide such data, the Association will not be able to process your membership. The Association intends to use all your personal data for communication and marketing purposes; your personal data will be used for listing on membership directory, distributing circulars, publications, research materials, market information; promotion of the annual events, conferences, seminars, briefings, meetings, awards, programmes, training programmes, and services of the Association; and promotion of activities similar to the Association's above activities which are organized by the Association's business partners. The Association shall not so use your personal data unless with your consent. You have the right to request access to and correction of information held by us about you. If you wish to access or correct your personal data, please contact us by writing to Ms. Ng at our address, by email (<a href="mailto:membership@hkrma.org">membership@hkrma.org</a>) or by fax (2866-8380).</p>			
<input type="checkbox"/> I consent / <input type="checkbox"/> I do not consent to the above stated use of my personal data for communication and marketing purposes.			

<b>Referee</b>			
Name:	(English)	(Chinese)	
Company:		Position:	
Tel:		Fax:	
Signature:		Company Chop:	

**Membership Fee**

Individual Associate Membership Fee is HK\$1,000 per annual. Membership is valid from 1 January to 31 December every year. Application for 1-year membership (apply in January to June), the member will be required to pay the annual fee HK\$1,000. Application for 18-month membership (apply in July to December), the member will be required to pay 1.5 years of the annual fee HK\$1,500.

	Membership Period	Validity Date	Total Amount
<b>I would like to pay for:</b>	<input type="checkbox"/> 1 Year ( <i>apply in January to June, 2019*</i> )	31 December, 2019	HK\$1,000
	<input type="checkbox"/> 1.5 Years ( <i>apply in July to December, 2019*</i> )	31 December, 2020	HK\$1,500

**Documents for Submission**

Individual Associate Member Application Form  
 A crossed cheque payable to “Hong Kong Retail Management Association Ltd”  
Please mail the membership application documents with cheque to Hong Kong Retail Management Association, 7/F., First Commercial Building, 33-35 Leighton Road, Causeway Bay, Hong Kong. Remarks: Membership Application

**Membership Declaration**

I hereby apply for Individual Associate Membership of the Hong Kong Retail Management Association and if accepted, agree to abide by the rules and “Code of Practice” of the Association. I understand that the Executive Committee may refuse to accept any application for membership and is not bound to state the reason for so doing.

**I hereby declare** that the above information provided is true and correct. I shall provide supporting documents upon request by the Association.

Name : \_\_\_\_\_ Position : \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(FOR OFFICIAL USE ONLY)

ACCEPTED/ REJECTED by HKRMA on: \_\_\_\_\_ Approved by: \_\_\_\_\_