



The Hong Kong Institute of Planners

Unit No. 201, 2/F Prosperity Millennia Plaza, 663 King's Road, Quarry Bay, Hong Kong

website: www.hkip.org.hk

email: hkiplann@netvigator.com

Application for Registration as an Affiliate

Please refer to the GUIDANCE NOTES FOR APPLICATION in completing this form

A. DECLARATION

I, Mr./Mrs./Ms./Miss /Dr/ Prof./

(Full Name in BLOCK LETTERS Surname to be underlined)

Name in ChineseDate of Birth.....H.K. Identity Card No.....

of

.....(Full postal address which will be used in the list of Members and for all correspondence in the event of election.)

Tel. No.....Mobile no:.....Fax No:E-mail:.....

desire to be registered as an Affiliate of the Hong Kong Institute of Planners.

I am an ordinarily resident of Hong Kong. I promise that if registered I will abide by and observe the provisions of the Constitution and Byelaws of the Institute, that I will pay the subscriptions prescribed and that I will promote the objects 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

B. SPONSORS

We the undersigned, being Member / Fellows of the H.K. Institute of Planners, hereby support the application of the candidate, Mr. / Mrs. / Ms./Miss /Dr / Prof..... to be registered as an Affiliate of the Hong Kong Institute of Planners.

We certify that we have personally known this candidate for years and years respectively, are satisfied that he / she is suitable for election to the class of Affiliate of the Hong Kong Institute of Planners.

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

For HKIP USE ONLY			
Application Received by		Date	Membership Board meeting on
Application Acknowledged by		Date	Certificates Seen by Date
Date of Election		Affiliate Registration Number	

C. EDUCATION

Give details of your education which should include tertiary education and the planning course attended.

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

Address of the institution from which planning diploma / degree was awarded :

D. PROFESSIONAL PLANNING QUALIFICATIONS

Give details of the professional qualification obtained.

Year of Award	Qualification	Awarding Institute
_____	_____	_____
_____	_____	_____

Address of the awarding institute : _____

Note: 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.

E. SUMMARY OF EXPERIENCE

Give particulars in chronological order of Positions held and employing authorities or firms giving dates (year and month) brief details of the level of responsibility and a summary of the scope and character of experience related to Town and Country Planning obtained in each including time engaged in gaining that experience.

Experience	Period

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