



香港工程監督學會
THE HONG KONG INSTITUTE OF
CLERKS OF WORKS

The Secretariat
Room 1409, 14/F.,
King's Commercial Building,
2-4 Chatham Court,
Tsimshatsui, Kowloon

Tel : 2815 7030
Fax : 2575 1261
Web Site : www.hkicw.org
Email : admin@hkicw.org

Membership Application Form

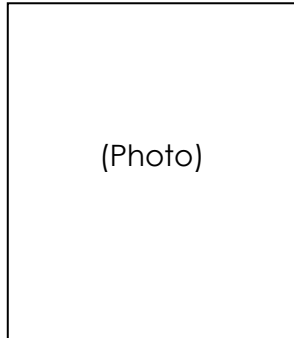
For Office Use Only
Appln. No. _____

Grade of Membership applied for :

Discipline :

- Fellow
- Member
- Licentiate
- Probationer
- Student

- Civil
- Building
- Structure
- E&M
- Others _____



Examination applied for :

Payment (HK\$)

Bank / Cheque No.

- Intermediate Written Examination
- Final Part I Written Examination
- Final Part II Written Examination
- Licentiate Professional Interview
- Mature Entrant Written Examination
- Mature Entrant Professional Interview
- Final Part III (PPE & IOM)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Entrance Fee Included (HK\$) : _____ Bank / Cheque No. : _____

Subscription Fee Included (HK\$) : _____ Bank / Cheque No. : _____

Assessment Fee Included (HK\$) : _____ Bank / Cheque No. : _____

1.	Full Name of Applicant (Surname first in BLOCK LETTERS)	
2.	Chinese Name	
3.	I.D./Passport No.	
4.	Address	
5.	Mobile No. / Office No.	
6.	Residence No.	
7.	Fax No. / E-mail No.	
8.	Date of Birth	
9.	Nationality	
10.	Name and address of present employer	

11. Details of past employments in chronological order (Please use separate sheet if necessary)				
Period	Name and address of Employer	Position / Duties	Copy	O/S

12. Summary of Academic Qualifications: (Please use separate sheet if necessary)				
Courses Duration	Degree/Diploma/Certificate	University/College	Copy	O/S

13. Number of years employed as Clerks of Works : _____

14. State current grade of HKICW held and date of entry : _____ / _____

15. I hereby certify that the particulars given herein are true and correct and that I accept the decision made by the Election Board.

Signature of Applicant : _____ **Date :** _____

16. Signature of Proposer : _____ Signature of Seconder : _____

*Name : _____ * Name : _____

*Please state your grade of membership and no. (FHKICW/MHKICW) in block letters.

<u>For Office Use Only :</u>	
Recommended grade : _____	Date : _____
Approved by : _____	Date : _____
<u>Result :</u>	
Member No.: _____	Date: _____

Note : Please enclose copies of your employment proofs, academic certificates, your respective fee (refer to Fee Schedule) and two self-addressed return envelopes together with this application form for the processing of your membership application.