

## APPLICATION FORM FOR INDIVIDUAL MEMBERSHIP

(Please complete this form in BLOCK LETTERS and send it to [info@phkcci.com](mailto:info@phkcci.com))

Name in English \_\_\_\_\_

Name in Chinese \_\_\_\_\_ Title (Ms./Mr./Mrs.) \_\_\_\_\_  
(if applicable)

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(dd / mm / yy)

Place of Residence HK PORTUGAL MAINLAND CHINA OTHER: \_\_\_\_\_

Postal Address \_\_\_\_\_  
(required for issuing invoice)

Telephone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name of Current Employer/Company \_\_\_\_\_

Position Held \_\_\_\_\_

Nature of Business \_\_\_\_\_

The new member fully subscribes to the statutory objectives and declares that he/she is aware of the obligation to pay the respective annual individual membership fee of €20 or HKD175. By signing below, the applicant, certifies that all information is true and correct to the best of his knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reviewed and approved by the Board of Directors:

Board of Directors Member 1 \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Board of Directors Member 2 \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_