



ASSOCIATE MEMBERSHIP APPLICATION FORM

Tick or circle if appropriate. If there is insufficient space, please use separate papers.
All fields must be filled in for processing the application.

PART I – PERSONAL PARTICULARS			
Title	Dr. / Prof. / Mr. / Ms. / Mrs. / Others (Please specify):		
Name in English: (as shown on identity document)	(Surname)	(Given Name)	(Other Name)
Name in Chinese (as shown on identity document)		Gender	
HKID Card No.		Passport No. (for non-HKID Card holder)	
Date of Birth		Nationality	
Contact Number (Home)		Fax Number	
Contact Number (Mobile)			
Email Address (please quote 1 frequently-used account)			
Correspondence Address			
Name of the institute where you completed the mediation training course (Year of completion):			

PART II – OCCUPATION			
Working	<input type="checkbox"/> Yes <input type="checkbox"/> Retired# <input type="checkbox"/> Non-working#		
Company Name			
Contact Number (Office)		Profession/Occupation	
Position (English)		Position (Chinese)	

#Please state last held position

Part III – General Information:

- Membership period for new member: from the day of admission to December 31 of the same year.
- Annual Membership Fee
 - Admission between January 1 to June 30 of the same year: HK\$400
 - Admission between July 1 to December 31 of the same year: HK\$200
- In order to apply for Associate Membership, an applicant should have either:
 - completed at least a 40 hours mediation training course organised by the Hong Kong Mediation Centre, or
 - completed other recognised course(s).Copies of the relevant certificates must be attached with the application form.



Part IV – Payment Method

- Cheque:** Cheque should be made payable to “Hong Kong Mediation Centre Limited”. Please state your full name, contact no. and “Associate Membership Application” at the back of the cheque.

Cheque No. _____ Name of Bank _____

- Bank Transfer:** Please transfer the membership fee to HSBC account 162-242226-001 (Account Name: Hong Kong Mediation Centre Limited) and state your full name, contact no. and “Associate Membership Application” on the bank slip which is required to be sent to HKMC by post or email.

Date of Transfer _____ Transfer No. _____

- FPS (轉數快):**
FPS account number: admin@mediationcentre.org.hk
Please state your full name, contact no. and “Associate Membership Application” under remarks.

Date of Transfer _____

Part V – Important Notes

- The validity period of the eligibility of the successful applicant is from the date of approval to 31 December 2023.
- Applicants must submit (i) the completed application form, (ii) membership fee and (iii) copies of relevant certificates to HKMC in person, by mail or e-mail.
- The Council of HKMC has the right to accept or reject the application without any explanation. Should the application be rejected, membership fee will be refunded to the applicant.
- The Council of HKMC has the right to update/change the relevant application eligibility, requirements and fees at any time.
- In case of any disputes, HKMC reserves the right of final decision.

Part VIII – PERSONAL INFORMATION COLLECTION STATEMENT

- Purpose of Collection:** The Staff, the Committee Members, and the Council Members of HKMC may use applicant's personal information for the following purposes: (i) to process membership application; (ii) to promote activities related to mediation, including but not limited to information regarding event invitation, provision of services, training courses, research, opinion collection, or fundraising etc.; (iii) to communicate with the applicant; (iv) to list applicant's information including membership number, name and profession on HKMC's website and promotional materials during validity period. Applicant's personal information will be retained by HKMC for as long as it deems necessary or useful.
 - Consequence of failing to provide Personal Information:** It is necessary for the applicant to provide the personal information requested by HKMC. In the event that any such personal information is not provided, HKMC may be unable to provide the applicant with the services or to carry out the activities outlined in point a. of this statement.
 - Access and Correction Rights:** Under the provisions of the Personal Data (Privacy) Ordinance, applicants have the right to request access to and correction of their personal information. Applicants who wish to access or make corrections to their data should submit written requests to the Secretariat of HKMC.
 - Changes of Personal Information:** Applicants are required to notify HKMC of any changes in their personal information
- If the applicant **DOES NOT** wish to receive information as stated in point a (ii) of this statement, please indicate the objection by ticking the box.

Part VII – Applicant's Declaration

- I, the undersigned, have noted, understood and agreed to the contents of the Important Notes and the Personal Information Collection Statement stated in this form.
- I declare that all information provided in this application form is accurate and complete, and authorise HKMC to check and verify the information supplied pertaining to my application.
- I declare that I have no criminal record or outstanding criminal charges and there are no disciplinary actions against me by any professional body. I undertake to duly inform HKMC if I am charged with any criminal offences or if there are any disciplinary actions against me during the time that I am admitted to HKMC as an Associate Member.
- I understand that my failure to provide accurate and sufficient information in this application may disqualify my application and may hinder future contact with HKMC.

Signature: _____

Date: _____