

Membership Application Form

Class of Membership*

Full Member - HK\$500

Junior Member – Free

for Corporate Referral Scheme ONLY

Name of Company / Organization

Part I - Personal Particulars

Salutation*:

Dr.

Prof.

Ir.

Mr.

Ms.

Mrs.

Others: _____

First name: _____ Last name: _____

Name in Chinese: _____

Gender: Male Female

Email: _____ Mobile: _____

HKID/Passport No.: _____ Date of Birth: _____

Address: _____

District

Hong Kong Island

Kowloon

N.T.,

Other: _____

Part II – Education

Level

- Postgraduate
- Tertiary – Degree
- Tertiary – Non Degree
- Secondary
- Other: _____

Academic Qualification

Institute: _____

Graduation Year: _____ Major Subject: _____

Professional Qualification

Professional Body: _____ Qualification: _____

Date Attained: _____

Part III - Employment History

IT Experience

- At least 2 years
- At least 4 years
- At least 6 years
- At least 10 years

Part IV – Proposer

Name: _____ Membership No.: _____

Membership Class: _____ Date: _____

Part V – Declaration

I hereby confirm that all information provided is true, accurate and complete to the best of my knowledge and belief. I understand that any false or misleading information will lead to invalidation of this application. Notes on the Personal Data (Privacy) Ordinance of Hong Kong 1. The personal data collected in this application form will be used by The Association of Cloud and Mobile Computing Professionals (“ACMCP”) to assess your membership application and to determine the class of membership. 2. To your full understanding, you authorise ACMCP to collect, retain and use personal information you have submitted for the following purposes: a) Assessing and verifying the information given above for the purpose of this membership application; b) Providing information, newsletter and services in connection with you, whether the information is provided by or through ACMCP or any other members of ACMCP; c) Marketing existing and future services and activities of ACMCP or any other members of ACMCP; d) Enforcing any legal or other authorised rights ACMCP may have against the Applicant in any manner that ACMCP sees fit; and e) Making such disclosure as may in ACMCP’s opinion be required for any of the above purposes. Under the Personal Data (Privacy) Ordinance, you have a right to request access to and correction of your personal data in relation to your application. If you wish to exercise the right, please write to the Secretary, The Association of Cloud and Mobile Computing Professionals, Room A, 3/F, JCG Building, 16 Mongkok Road, Kowloon, Hong Kong.

I agree and confirm the above

Signature: _____ Date: _____