



### APPLICATION FOR MEMBERSHIP – MEMBER (via Non-Local Architectural Professionals Admission route)

- Please read the attached guidelines before completing this form

| A PERSONAL PARTICULARS         |  |                          |   |            |
|--------------------------------|--|--------------------------|---|------------|
| Full Name<br>(in English)      | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss |                          |   | Photograph |
|                                | _____  |                          | _____                                   |            |
|                                | (Given Name)   |                          | (Surname)                               |            |
|                                | Full Name<br>(in Chinese)  |                          |   |            |
| Date of Birth<br>(DD/MM/YYYY)  |  |                          |   |            |
| Nationality                    |  |                          |   |            |
| ID Card/<br>Passport* No.      |  | Issuing<br>Place/Country |   |            |
| Email                          |  |                          |   |            |
| <i>Residential Information</i> |  |                          |   |            |
| Address                        |  |                          |   |            |
| Telephone No.                  |  | Mobile No.               |   |            |
| <i>Office Information</i>      |  |                          |   |            |
| Company Name                   |  |                          |   |            |
| Address                        |  |                          |   |            |
| Telephone No.                  |  | Fax No.                  |   |            |
| Mailing Address                | <input type="checkbox"/> Residential Address   |                          | <input type="checkbox"/> Office Address |            |

\* Please delete where appropriate

| <b>B ACADEMIC QUALIFICATIONS</b> (in chronological order starting from the latest academic qualification) |                       |                   |              |                       |
|---|-----------------------|-------------------|--------------|-----------------------|
| Degree/<br>Diploma  | School/<br>University | Student<br>Number | Full Address | Date of<br>Attainment |
|   |                       |                   |              |                       |
|   |                       |                   |              |                       |
|   |                       |                   |              |                       |
|   |                       |                   |              |                       |
|   |                       |                   |              |                       |
|   |                       |                   |              |                       |
|   |                       |                   |              |                       |

| <b>C PROFESSIONAL QUALIFICATIONS AND PARTICULARS</b> (in chronological order starting from the latest professional qualification) |                     |              |                       |
|---|---------------------|--------------|-----------------------|
| <b>C1 Professional Practice Examinations Passed</b>   |                     |              |                       |
| Examination   | Institute/Authority | Full Address | Date of<br>Attainment |
|   |                     |              |                       |
|   |                     |              |                       |
|   |                     |              |                       |
|   |                     |              |                       |
|   |                     |              |                       |
|   |                     |              |                       |
|   |                     |              |                       |
|   |                     |              |                       |
| <b>C2 Current Membership of Professional Bodies</b>   |                     |              |                       |
| Membership<br>Number  | Professional Body   | Full Address | Date of<br>Admission  |
|   |                     |              |                       |
|   |                     |              |                       |
|   |                     |              |                       |
|   |                     |              |                       |
|   |                     |              |                       |
|   |                     |              |                       |
|   |                     |              |                       |

| <b>D WORKING EXPERIENCE</b> (in chronological order starting from the latest working experience) |              |          |          |
|--|--------------|----------|----------|
| Duration   | Company Name | Location | Capacity |
|  |              |          |          |
|  |              |          |          |
|  |              |          |          |
|  |              |          |          |
|  |              |          |          |
|  |              |          |          |
|  |              |          |          |

| <b>E CERTIFICATION FROM SCHOOL / DEPARTMENT</b> (for Associate application if applicable)  |           |      |
|--|-----------|------|
| <p>This is to certify the CANDIDATE _____ (full name in English)<br/> is a full-time teaching staff of our _____<br/> (Name of School / Department) of _____<br/> (Name of the University / Institution)</p> |           |      |
| Name of Head of School/Department  | Signature | Date |
|  |           |      |

| <b>F OTHER PARTICULARS</b>  |                  |              |
|---|------------------|--------------|
| <b>F1 Period of Continuous Residency in Hong Kong</b>   |                  |              |
| From<br>DD/MM/YYYY  | To<br>DD/MM/YYYY | Full Address |
|   |                  |              |
| <b>F2 If you have been subject to suspension or expulsion by any professional or registration body or convicted of any offense of a criminal nature, please give details below and dates.</b> |                  |              |
|   |                  |              |
|   |                  |              |
| <b>F3 Service with Hong Kong Institute of Architects</b>  |                  |              |
| Service   |                  | Date         |
|   |                  |              |
|   |                  |              |

## G DECLARATION

- I, \_\_\_\_\_ (full name in English) being a CANDIDATE for admission as Member of the HONG KONG INSTITUTE OF ARCHITECTS do hereby DECLARE that the above is a true statement of my particulars., that I have read and understood the RULES and the CODE OF PROFESSIONAL CONDUCT OF the said INSTITUTE and although I do firmly believe that I am qualified and eligible for membership I do hereby accept the final decision of the COUNCIL of the said INSTITUTE from whom there need be no explanation to account for their decision.
- I also do hereby declare that I have relevant local practical experience for a period of time.
- I also do hereby authorize the HONG KONG INSTITUTE OF ARCHITECTS to make any reasonable enquiries into the above given information.
- I also do hereby declare that in the event of my election to membership of the HONG KONG INSTITUTE OF ARCHITECTS, I shall be bound by the said RULES, CODE OF PROFESSIONAL CONDUCT and all regulations and by-laws and any amendments thereto of the said INSTITUTE and shall promote the object of the INSTITUTE as far as may be in my power.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness

## H NOMINATION (to be completed by three HKIA Fellows)

Being FELLOWS in good standing of the HONG KONG INSTITUTE OF ARCHITECTS, WE, the UNDERSIGNED, recommend from personal knowledge that the CANDIDATE \_\_\_\_\_ (full name in English) is in possession of the necessary academic qualifications as given in the application form and practical experience and is in every respect worthy of being considered for admission as a Member of the HONG KONG INSTITUTE OF ARCHITECTS.

| Full Name of Proposer | HKIA Membership No. | Signature | Date |
|-----------------------|---------------------|-----------|------|
|                       |                     |           |      |
|                       |                     |           |      |
|                       |                     |           |      |

| <b>I FOR OFFICIAL USE ONLY (to be completed by the Registrar)</b>  |                              |                          |       |
|--|------------------------------|--------------------------|-------|
| <b>I1 All original copies of documents examined by the Registrar in respect of this application (photocopies attached)</b>   |                              |                          |       |
| Original Document Examined   | Checked by                   | Counter-checked by       | Dated |
|  |                              |                          |       |
|  |                              |                          |       |
|  |                              |                          |       |
|  |                              |                          |       |
|  |                              |                          |       |
|  |                              |                          |       |
|  |                              |                          |       |
| <b>I2 All verification letters received from schools/universities/professional institutions/registration bodies by the Registrar in respect of this application (photocopies attached)</b> |                              |                          |       |
| Verification Letter Received From  | Checked by                   | Counter-checked by       | Dated |
|  |                              |                          |       |
|  |                              |                          |       |
|  |                              |                          |       |
|  |                              |                          |       |
|  |                              |                          |       |
| <b>I3 Application Process Check</b>  |                              |                          |       |
| Event  | By                           | Signature (by Registrar) | Date  |
| Application Received   | Registrar                    |                          |       |
| Application Documents Checked  | Registrar                    |                          |       |
| Recommendation for Endorsement<br><input type="checkbox"/> Accepted<br><input type="checkbox"/> Rejected   | Board of Educational Affairs |                          |       |
| Election for Membership  | Council                      |                          |       |
| Membership no. _____   | Registrar                    |                          |       |
| Candidate Notified   | Registrar                    |                          |       |
| Membership Subscription Received   | Registrar                    |                          |       |
| Membership Certificate Issued  | Registrar                    |                          |       |

## HKIA Member/Associate Membership Application Guidelines

### A. Eligibility for Members

Members shall be qualified architects, duly nominated and elected by the Council of the Institute, who:

- a. are members of any other architects' association, institution or register recognized by the Council for the purpose of admission, *OR*
- b. hold a degree or a diploma in architecture recognized by the Council, have two years post-graduate architectural experience or its equivalent as defined by the Council from time to time and who have passed the HKIA / ARB Professional Assessment or its approved equivalent.

### B. Points to note in submitting membership application to the HKIA

1. Fill in all sections of the Application Form where appropriate and to provide an accurate and true statement of personal particulars.
2. Copies of certificate(s) or diploma(s) must be attached to the application form. Applicant is required to bring the original documents and present his/her ID Card/Passport to the Institute for verification upon submission of application. Official translations for any documents not in English or Chinese are required.
3. Confirmation on applicant's academic and professional qualification will be secured from issuing authority by the HKIA. Please provide detailed addresses of the academic and professional institutions.
4. Non-local Graduates or Professionals applying for Membership should also submit an authorization letter together with your Membership Application Form in case written authorization is required by your universities and professional bodies for release of personal information. A sample authorization letter is attached for reference.
5. Final approval of membership application rests with the HKIA Council.
6. A total of 4 months or more may be required for the processing of each membership application.

### C. Membership Fee

1. Membership subscriptions will be charged on a quarterly basis depending on the date of election as member by the HKIA council.
2. The membership fees (starting from 2014) are as follow:

| Membership Category | Entrance Fee | Annual Subscription |
|---------------------|--------------|---------------------|
| Student Member      | \$100        | \$100               |
| Graduate Member     | \$600        | \$600               |
| Associate           | \$2,400      | \$2,400             |
| Member              | \$2,400      | \$2,400             |

3. The fee payable shall be subject to annual review.
4. Successful applicant will be notified on the detailed payment methods after the election.

**D. Personal Data**

1. The personal data provided for application will be initially used for the purpose of the application only.
2. If an application is successful, the personal data of the applicant as provided in the application form will be retained and used by HKIA for the purposes of HKIA as set out in the Hong Kong Institute of Architects Incorporation Ordinance, Chapter 1147 of the Laws of Hong Kong ('The Ordinance').
3. Elected members' name, qualifications and photo may be published in HKIA publications.
4. Members are requested to notify HKIA of any subsequent changes in their personal data.
5. Under the terms of the Ordinance, an applicant or a member has the right to request access to and correction of any personal data relating to that applicant or member, but a fee as permitted by the Ordinance may be charged by HKIA for dealing with any such request.

**E. Question on membership application**

For any query regarding the membership application, please call the HKIA Secretariat at 25116323 or address to the HKIA Secretariat, 19<sup>th</sup> Floor, One Hysan Avenue, Causeway Bay, Hong Kong.

## Sample Authorisation Letter

Date

To whom it may concern,

I hereby authorise the Hong Kong Institute of Architects ('HKIA') to obtain personal information regarding my academic or professional qualification in connection with my application for HKIA membership.

Candidate Full Name & Signature