



**Unit E6, 2/F., Hong Kong Industrial Building,
444-452 Des Voeux Road West, Shek Tong Tsui, Hong Kong**

Email: admission@ahka.hk

Name: (* Dr. / Mr. / Mrs. / Ms.)	姓名 (中文):	Photo
Telephone No.:	Mobile Phone No.:	
Fax No.:	Email Address:	
Recognized Professional Accountant Qualification (Note 1):		Membership No.:
Company Name:		Position Held:
Business Address:		
Residential Address:		
Are you holding the HKICPA practising certificate? <input type="checkbox"/> Yes (Practising Certificate No.: () <input type="checkbox"/> No		
Applying for <input type="checkbox"/> Fellow Member <input type="checkbox"/> Ordinary Member <input type="checkbox"/> Overseas Member (Note 2 - 4)		
Note: 1. Applicant who is a member of a professional accountancy body recognized by the International Federation of Accountants (www.ifac.org) is eligible for membership of the Association. 2. Applicant who is a fellow member of a recognized professional accountancy body is eligible to join the Association as Fellow Member. 3. Applicant who is an ordinary member of a recognized professional accountancy body is eligible to join the Association as Ordinary Member. 4. Applicant who is a/an fellow/ordinary member of a recognized professional accountancy body, but not permanently in Hong Kong is eligible to join the Association as Overseas Member.		
If admitted, I agree to abide by the traditional code of professional ethics in all dealings with the Association and to be bound by the rules and regulations of the Association from time to time in force as long as I remain a Member. I also confirm that the details given in my application are true in all respect.		
I enclose:		
<ul style="list-style-type: none"> • a sum of HK\$ _____ * for my entrance fee and HK\$ _____ * first annual subscription, Waived • a recent photograph, and • a copy of current Certificate of Membership of Professional Accountancy Body 		
Signature: _____		Date: _____
* For application submitted before 31 December 2025, entrance fee and first annual subscription will be waived.		
_____ (Signature) Name of Proposer: (Proposer needed to be a member of the Association)		_____ (Signature) Name of Seconder: (Secunder needed to be a member of the Association)
Personal data collected from the application of AHKA's Member will be used for the purpose of processing and maintaining your AHKA's Member. Data collected may be accessible by the Association's officers, persons or committees processing the application of AHKA's Member and related matters. In addition, the Association may use the collected data for statistical research and analysis, for keeping members informed of its services and for other uses internally. The Association may use the personal data of your name, email address, fax number, phone number and correspondence address to inform you of training activities, members' benefits, goods, services, facilities and events organized or provided by the Association or other organizations. An Institution Member may opt out from receiving such materials at any time by sending a letter to the Association's privacy officer. Please note that if you do opt-out, you will no longer receive information about the Association's news and events.		