



亞洲專業保安協會-香港分會  
ASIAN PROFESSIONAL SECURITY ASSOCIATION -  
HONG KONG CHAPTER

Photo  
照片

**Membership Application Form 會員申請表格**

Entrance 入會       Upgrade 升級       Data Change 更新資料

Room 1811, 18/F., New Tech Plaza, No. 34 Tai Yau Street, San Po Kong, Kowloon. ●九龍新蒲崗大有街 34 號新科技廣場 18 樓 1811 室  
Tel 電話: (852) 2326-6366 Fax 傳真: (852) 2997-6733 / 2752-6371 E-mail 電郵: info@apsahk.org Web-site 網頁: www.apsahk.org

<b>Applicant's Experience 申請人年資:-</b>		<b>(Office Use 請勿填寫) Membership No.:</b>
A: Security / Equivalent Experience 保安或相約職務經驗 _____ Years 年	B: Management / Equivalent Experience 管理或相約職務經驗 _____ Years 年	
<b>Membership Grade Applied For 申請會員類別:</b>		
<input type="checkbox"/> Life 永久會員 HK\$ 8,000.00	<input type="checkbox"/> Corporate 公司會員 HK\$ 3,000.00 年費	<input type="checkbox"/> Individual 普通會員 HK\$ 600.00 年費

**This is for applying corporate member only. 申請公司會員必須填寫。**

<b>Name of Company /Organization 公司名稱</b>	In Chinese 中文	<b>Company / Business Registration No. 公司/商業登記號碼</b>	<b>Website 互聯網網址</b>
	In English 英文		
<b>Representative 代表人姓名</b>	In Chinese 中文		
	In English 英文		

**This is for applying Life / Corporate / Individual member only.-**

**申請永久會員 / 公司會員 / 普通會員必須填寫。**

<b>Mr / Mrs / Miss / Ms / Dr / Prof / Ir 英文稱號</b>	<b>Name in Chinese 中文姓名</b>	<b>Sex 性別</b>	<b>Chinese Code 中文電碼</b>
<b>Surname 英文姓氏</b>	<b>Forenames 英文名字</b>		
<b>Format of Name in Correspondence 函件上採用的英文姓名格式</b>		<b>Country 籍貫</b>	<b>Place of Birth 出生地點</b>
<b>Date of Birth 出生日期</b>	<b>HK ID Card No. 香港身份證號碼</b>	<b>Nationality 國籍</b>	
<b>Language : 能說方言</b>	<input type="checkbox"/> Cantonese 廣東話	<input type="checkbox"/> Putonghua 普通話	<input type="checkbox"/> English 英語
	<input type="checkbox"/> Others 其他語言		
<b>Education : 教育程度</b>	<input type="checkbox"/> University 大學	<input type="checkbox"/> Postgraduate 大專	<input type="checkbox"/> Secondary 中學
	<input type="checkbox"/> Primary 小學		
<b>Business, Professional &amp; Academic Qualifications 學歷、履歷、專業資格 (Can Add Attachment 可加附件)</b>			
<b>Length of Residence in HK 居港年期</b>	<b>Criminal Record 是否有犯罪記錄</b> <input type="checkbox"/> YES 有 <input type="checkbox"/> NO 無		<b>Offence 所犯何事</b>

**Employment Record ( The List 3 Years or The Latest 3 Employments) 工作資料 (最近之三年或最近之三份)**

Year 年份	Name of Organization 工作機構名稱	Position 職位

<b>Company Address 公司中文及英文地址</b>	
<b>Tel 電話</b>	<b>Fax 傳真</b>
<b>Home Address 住宅中文及英文地址</b>	
<b>Tel 電話</b>	<b>Fax 傳真</b>
<b>E-mail 電郵</b>	<b>Correspondence Address, Tel, Fax 聯絡地址電話傳真:</b> <input type="checkbox"/> Company 公司 <input type="checkbox"/> Home 住宅
<b>Name of Current Principal Company in Chinese and English 現時所屬主要公司中文及英文名稱</b>	
<b>Current Principal Position in Chinese and English 現時主要職位中文及英文名稱</b>	
<b>Company Main Activity (in 30 English characters maximum including spaces) 請參閱「本會會章」 Please see the application Note 公司主要業務 (以最多 15 中文字簡述)</b>	

Your data are collected and used in connection with the activities of the Association. Your name, company/employer name, contact telephone and fax numbers will be published in the membership list which will be circulated to all members and firms, companies, organization or associations related to the security industry. Other data will be safely kept by the Association and will not be released to third party without your consent.

你的資料收集只會作為本會有關活動之用途。你的姓名、公司/僱主名稱、聯絡電話傳真號碼及專業資格將會公開刊錄於會員名錄內。此名錄將會寄給各會員,及有關保安行業的公司、機構或協會。其餘資料會方將作保密處理,除得到你的同意,所有資料將不會向第三者披露。

1. I/We undertake to pay all subscriptions in accordance with Association Rules.  
本人/公司會根據會規支付年費。
2. I/We agree to abide by the Ethical Code of Conduct and the Constitution Rules of the Association.  
本人/公司同意遵守協會的專業守則、會章及規條。

<p><b>Declaration:</b> I hereby apply for membership of The Asian Professional Security Association and agree to be bound by its Memorandum and Articles of Association.  <b>宣言:</b> 本人現申請成為亞洲專業保安協會-香港分會之會員, 並同意遵守協會之組織大綱與章程。</p> <p>Signature 簽名: _____</p> <p>Date 日期: _____</p> <p>* For details, please refer to our website. 詳細資料刊登在本會網頁。</p>	<p><b>Reference Persons Name</b></p> <p>諮詢人姓名: _____  Tel _____ Fax _____  電話: _____ 傳真: _____</p> <p>I, being APSA member, hereby propose the applicant.  本人現時乃亞洲專業保安協會-香港分會之會員, 特推薦上述申請人。</p> <p>Signature 簽名: _____</p> <p>Date 日期: _____</p>
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**申請辦法 How To Apply**

請清楚填寫「會員申請表格」後遞回「亞洲專業保安協會-香港分會」,請附:-  
劃線支票,抬頭人:「Asian Professional Security Association – Hong Kong Chapter」預付首年年費。  
如申請不獲接納,本會將退款,惟不會支付利息。

本會為未提出推薦人之申請人士提供協助。

Please complete clearly the Membership Application Form and forward it to APSA. Please enclose:-  
a crossed cheque payable "Asian Professional Security Association – Hong Kong Chapter" for First-Year Subscription Fee  
Unsuccessful applicants will be refunded, but no interest will be paid on refund amounts.  
APSA will assist those who are unable to find a sponsor.

**Verification 資料審核**  
**For Official Use Only (本會專用)**

**(1) Verification Of Company & Residential Address 公司及住址核實**

Date Verified 核實日期	Method Verification 核實方法	Signature of Verifier 核實人簽署	Remarks 備註

**(2) Verification Of Present/Former Employers 現任/前任公司核實**

Date Verified 核實日期	Method Verification 核實方法	Signature of Verifier 核實人簽署	Remarks 備註

**(3) Verification Of Introducer/Reference Persons 本會介紹人/諮詢人審核**

Date Verified 核實日期	Method Verification 核實方法	Signature of Verifier 核實人簽署	Remarks 備註

To be completed by the Membership Committee 以下由會員事務部填寫		Payment Record 繳交會費紀錄		
Membership No. 會員編號		Fiscal Year 年份	Paid On 繳費日期	Cheque No./Bank Cash 支票編號/銀行/現金
Application Date 入表日期				
Interview Date 接見日期				
<input type="checkbox"/> Recommend to Executive Committee 可提交常務委員會				
<input type="checkbox"/> No Recommend to Executive Committee 不獲接納				
<input type="checkbox"/> Others 其他				
<b>Approved by Member Committee 會員事務部批核</b>				
Signature 簽署		Date 日期		
Date approved by Member Committee 常務委員會批核日期				
Withdrawal Date 退出日期:				
Withdrawal Reason 退出原因:				
Written Notice of Membership Withdrawal: 退出書面通知:				
Provided on 有提供_____日期				
(See Attachment) (見附頁)				
<input type="checkbox"/> Not provided 無提供				

Note : All membership shall only be effective upon approval of the Executive Committee.

註: 所有會籍必須經過常務委員會批核方為有效

