



Hong Kong Institution of Certified Auditors
香港專業審核師學會

Application Form for Fellow, Member & Associate Member

Website: www.hkica.org

HKICA Secretariat
PO Box 28083
Gloucester Road Post Office

Title _____	Male/Female _____	Date of Birth (dd/mm/yy) _____ / _____ / _____	
Surname _____	First/middle names _____	Chinese Name _____	
Employer/Company _____			
Position in company _____			
Correspondence address _____			
Tel. _____	Fax. _____	Email _____	
Education (Please attach evidence, if necessary)			
Discipline _____	College/ University _____	Graduation date mm/yy _____	Degree/ Diploma _____
Professional body membership (Please attach evidence, if necessary)			
Experience (You may use separate page for additional information)			
I wish to join the Hong Kong Institution of Certified Auditors as a (please tick one or more boxes)			
<input type="checkbox"/> Fellow	<input type="checkbox"/> Member	<input type="checkbox"/> Associate Member	
Membership Fees:	Fellow \$300	Member \$200	Associate member \$100
Payment method:			
Amount in HK \$ _____			
<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash		
* Cheque to be made payable to "Hong Kong Institution of Certified Auditors Limited"			
Signature of applicant: _____		Date: _____	