

**HKCCMA**

香港信貸及收帳管理協會

Hong Kong Credit and Collection Management Association

INDIVIDUAL MEMBERSHIP APPLICATION FORM**Apply For:****Ordinary** **Fellow Member**Title granted
(F.C.C.M.A) **Member**Title granted
(M.C.C.M.A)**Associate** **Member**

(Separate form is available for Corporate Membership. Please contact us)

Admission Criteria:**Fellow Member (F.C.C.M.A) Annual Membership fee (\$1,100) / Overseas Membership fee (USD 180)**A person who has acquired 10 years or more experience at a managerial position in the credit and collection capacity with a recognized degree or a qualification that is regarded as equivalent by the Executive Council, OR
A person who has acquired 15 years or more credit and collection experience in a managerial position or above.**Member (M.C.C.M.A) Annual Membership fee (\$850) / Overseas Membership fee (USD 130)**A person who has acquired 5 years of experience at a managerial position in the credit and collection capacity with a recognized degree or qualification that is regarded as equivalent by the Executive Council, OR
A person who has acquired 8 years of credit and collection experience in a managerial position or above.**Associate Member Annual Membership fee (\$600) / Overseas Membership fee (USD 100)**

A person who has acquired 1 year of credit and collection experience with a recognized degree or a qualification that is regarded as equivalent by the Executive Council.

Applicant's Information :

Last Name _____ First Name _____ Chinese Name _____

 Mr. Ms. Mrs. HKID No./ Passport No. _____

Residential Address : _____

Contact Tel : _____ Contact Fax : _____ Contact E-mail : _____

Employer : _____ Position : _____

Year (s) of Employment : _____

Employer's Address : _____

Tel : _____ Fax : _____ E-mail : _____

Web Site : _____

Business Sector:

- | | | |
|--|--|--|
| <input type="checkbox"/> Bank/Finance | <input type="checkbox"/> Broadcasting /Telecommunication | <input type="checkbox"/> Credit Report/Debt Collection |
| <input type="checkbox"/> Electronics/Electrical/Semi-conduct | <input type="checkbox"/> Garment/Textile | <input type="checkbox"/> Gas/Fuel |
| <input type="checkbox"/> Government/Education | <input type="checkbox"/> Hotel/Food/Beverages | <input type="checkbox"/> Information Technology /Hi-Tech |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Lawyers/Accountants/Professionals | <input type="checkbox"/> Newspaper/Magazines |
| <input type="checkbox"/> Optical/Photographic | <input type="checkbox"/> Paper/Stationery | <input type="checkbox"/> Real Estates/Construction |
| <input type="checkbox"/> Toys/Watch/Premium Items | <input type="checkbox"/> Transportation/Storage | |
| <input type="checkbox"/> Others (Service) | <input type="checkbox"/> Others (Manufacturers) | <input type="checkbox"/> Others (Imp Exp) |
| | <input type="checkbox"/> Others (Wholesale) | <input type="checkbox"/> Others |

Please specify 'Others' _____

Tenure (Last five years)

From (Mth/Yr)	To (Mth/ Yr)	Organization/Company	Position Held

Academic Qualification

From (Mth/Yr)	To (Mth/ Yr)	School/University/College/ Institute	Accomplishment

Notes:

1. The Association restricts its right to use information provided in this form no other than record membership and applicant, communicate with members and publish members' roster.
2. The Association reserves the rights to accept and reject membership application. Application Form will not be returned to unsuccessful applicant.
3. The membership fee is non-refundable unless the application is unsuccessful.

I hereby apply the membership of the Hong Kong Credit and Collection Management Association. I declare that the information I provided is accurate and I am a person with no criminal record. I understand that my application will be subject to the approval of the Executive Council.

Signed : _____

Date : _____

Please send completed application form and cheque make payable to The Hong Kong Credit and Collection Management Association Ltd. to P.O. Box 2679, General Post Office, Hong Kong. For enquiry, please send e-mail to enquiry@hkccma.com or call 8116 8816 or fax 8116 8826

For office use:	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected
<input type="checkbox"/> Fellow	<input type="checkbox"/> Member <input type="checkbox"/> Associate
Membership No: _____ Date: _____	