



Membership Application Form (Individual / Student)

Reference No. _____

MEMBER'S INFORMATION (Please complete in BLOCK LETTERS) ✓ where appropriate

<input type="checkbox"/>	New Application
<input type="checkbox"/>	Renewal Application

Renew Certified Digital Marketer (CDM)? YES <input type="checkbox"/> / NO <input type="checkbox"/>
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Full Name (ENGLISH)				(CHINESE)			
Company / School Name							
Company Address							
HKID Number			Date of Birth	DD	MM	YYYY	
Mobile Number			Email address				

MEMBERSHIP FEE

Individual Member									
1 Year		1.5 Year*		2 Year		2.5 Year*		3 Year	
<input type="checkbox"/>	HKD1,000.00	<input type="checkbox"/>	HKD1,500.00	<input type="checkbox"/>	HKD1,800.00	<input type="checkbox"/>	HKD2,300.00	<input type="checkbox"/>	HKD2,550.00

Student Member
1 Year
<input type="checkbox"/> HKD100.00

-Individual membership is renewed on 1 Apr every year and ends on 31 Mar of the subsequent year.

-Application received on or after 1 Oct will be charged 6 months membership fee (\$500) for membership until the following 31 Mar.

PAYMENT METHODS

- Bank in / direct transfer to A/C No: 44706739380 (Standard Chartered Hong Kong) OR
- Send a crossed cheque payable to "Hong Kong Association of Interactive Marketing Limited" to
Unit B, 12/F, Shing Hing Commercial Building, 21-27 Wing Kut Street, Central, Hong Kong

Cheque Number:	Bank:
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*We declare that the information given on this application form is true and complete in every respect and all information disclosed have been verified by me/us as true and correct.

*We agree to be bound by the provisions of the Memorandum and Articles of the Association and any other regulations (e.g. Personal Data Privacy Ordinance) and authorize you to place my name in the register of members of the Company as the individual/student member of the Association.

Signature _____

Date _____

Please send this **form** and **bank-in-slip** to **info@hkaim.org**

-The AIM Membership Committee reserves the right for membership approval

For Office Use only				
Approval	Membership No.	Membership Period	Application Date	Remarks
<input type="checkbox"/> YES <input type="checkbox"/> NO				