



MEMBERSHIP APPLICATION FORM

To : **Hong Kong Mediation Society Limited** (the “HKMS”)
Room 504, Hung Kei Building, 5-8 Queen Victoria Street, Central, Hong Kong
Tel : (852) 2840-0789 Email : membership@hkms.org

Please complete in BLOCK letters :

Last name: First name:
Date of Birth: (MM/YYYY) Title: Occupation:
Company / Organization:
Position Held:
Contact Number: (Mobile) (Office) (Home)
Email Address:
Year of Mediation Accreditation: (If applicable)
Area of interest in mediation:

Category of membership applying : [] New [] Renewal
- Click HERE for the detail criteria for each membership category

- [] Fellow (“FHKMS”) – Annual Fee HKD\$500.00*
[] Member (“MHKMS”) – Annual Fee HKD\$500.00*
[] Associate (“AHKMS”) – Annual Fee HKD\$250.00*
[] Corporate – Annual Fee HKD\$1200.00*
[] Student – Annual Fee waived

*For new membership under these categories, TWO years of relevant Annual Fee plus a one-off Administration Fee of HK\$250 is applicable.

Payment Options :

Table with 2 columns: Payment Method and Details. Rows include By Cheque, By Direct Transfer, and By FPS.

For Direct Transfer / FPS: Please attach a copy of the deposit slip and/or transaction confirmation, along with this membership form, and email to membership@hkms.org



Declaration

I, the undersigned, request membership status in the Hong Kong Mediation Society Limited (the “HKMS”). I declare that the information given above is true and correct, and have an interest in advancing the profession of mediation. I acknowledge that,

1. I have read and agreed to the Personal Data (Privacy) Ordinance [Notice](#).
2. I authorize the HKMS, its staff, employees and/or members of the Membership Committee to deal with, utilize and/or assess the data submitted by me as may be required in connection with my application for membership.
3. I understand that my data will become a part of the HKMS’s files and may be used for all purposes deemed necessary or useful by HKMS.
4. I confirm that I am familiar with and will adhere to the [Code of Conduct](#) and [Code of Ethics](#), from time to time, by HKMS Council.
5. Any information on this form may be made available by HKMS to third parties for the purposes of mediator admission, assessment or selection.
6. I have no previous criminal convictions for crimes of dishonesty, violence or misuse of drugs. I have no criminal cases pending against me. I undertake to inform HKMS if I am charged with any criminal offences during the time that I am admitted to the HKMS.
7. I confirm that there are no disciplinary actions against me by any professional body.
8. I undertake to pay the annual membership fee, where applicable, in order to maintain membership with HKMS.
9. I declare that the information given in support of this application is accurate and complete. I understand that any misrepresentation will disqualify my application. HKMS also reserves the right to report the matter to my professional body/association.

Signature: _____ Date: _____
(Guardian Signature for individuals under 18 years old) DD/MM/YYYY

Print Name _____
(Guardian Name for individuals under 18 years old)

For Office Use ONLY:

Date Application Received:	Chop and Initial
Approved by:	
Date Approved:	