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| **P1 Application Form for Student Membership** |

**The Chartered Institute of Logistics & Transport in Hong Kong**



To support you in your career development in the transport/logistics profession and to provide you an opportunity to expand your professional network before you enter the industry, you are welcome to become our **Student Member**. A partnership with CILTHK is your first step toward professional success outside the classroom.

The CILTHK Student Membership is now free to all eligible students\*, if you are studying CILT/CILTHK accredited full-time transport- or logistics-related programme

To become a CILTHK Student Member, simply to complete and submit this membership application form together with ~~an application fee (HK$150.00) and~~ a copy of your student card.

*\* Annual membership fee for Student Member is HK$120.00; “eligible students” will enjoy a waiver for a maximum of 4 years.*

**Section A PERSONAL PARTICULARS** (please write in BLOCK letters)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Please tick appropriate boxes.* | | | | | | | | | | | | | | | | | | | |
| Title: | Dr | | | Mr | | | Mrs | | Ms | Miss | | Other: | | | |  | | | |
| Surname: | |  | | | | | | | | Other Names: | | | |  | | | | | |
| Name in Chinese (if any) | | | | | |  | | | | Date of Birth: | | | |  | | | | | |
| Passport/HKID Card No.: | | | | | |  | | | | | | | | | | | | | |
| Correspondence Address: | | | | | | |  | | | | | | | | | | | | |
| Residential Address  (if different form above): | | | | | | |  | | | | | | | | | | | | |
| Telephone No.: | | | Residential | | | | |  | | Fax No.: | | | (if any) | | | |  | | |
|  | | | Mobile | | | | |  | |  | | |  | | | |  | | |
| E-Mail Address: | | |  | | | | | | | | | | | | | | | | |
| Nature of Application: | | | | | i) | | NEW | | | | OTHERS | | | |  | | | | |
|  | | | | | ii) | | LOGISTICS STREAM | | | | TRANSPORT STREAM | | | | | | |  |  |

**For Office Use Only**

|  |  |
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| Date Received: | Cheque Number: |
| Date Approved: | Receipts: |
| Date Elected: | Membership Number: |
| Recommended Grade: 🞏S 🞏A 🞏M 🞏C 🞏F 🞏VIVA VOCE | Certificate Number: |

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| **Application Form for Student Membership P2** |

**Section B EDUCATION AND ACADEMIC QUALIFICATION(S)** (in chronological order)

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|  | | | | |
| Date (MM / YY) | | Education / Training Institution | Qualification(s) Obtained  (please state subjects & grade) | Date of Award |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Please use supplementary sheet if necessary.*

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| Have you been a member of the CILT? (Please tick as appropriate) | No |
| Yes (Territorial Orangisation/Branch):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_) | |

***NOTES:***

1. Application form should be completed in BLOCK LETTERSin legible handwritingor typing.
2. Please ensure that all information is accurate.
3. The completed application form should be returned to:

**Chair of Membership Committee**

**The Chartered Institute of Logistics and Transport in Hong Kong**

**7/F, Yue Hing Building**

**103 Hennessy Road**

**Wanchai, Hong Kong**

1. Applications will be held in strict confidence and the information provided will be used for membership evaluation purpose in the Institute.
2. For enquiries in relation to the application, please contact the CILTHK office at (T) 2866-6336 / (F) 2866-6118 / (E) info@cilt.org.hk.

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| **DECLARATION**  I declare that the information given above is correct and complete to the best of my knowledge. I promise that in the event of my election I will be governed by the Charter and Bye-laws of the Institute, and will promote the objectives of the Institute as far as shall be in my power. Should I at any time desire to withdraw from the Institute, I will, after payment of all subscriptions (if applicable) or other sums due from me, send my resignation in writing to the Institute.  I agree that the personal data provided herein be used for the purpose of administration and communication, assessment of qualifications and experience, and provision of services and benefits by the CILT and CILTHK.  CILTHK intends to use the personal data of your name, email address and correspondence address to inform you, where relevant, of CILT/CILTHK activities, members’ benefits, goods, services, facilities and events organised or provided or supported by CILT/CILTHK. You may opt out at any time by informing CILTHK with the specific request to ‘opt-out’ from receiving such.  I agree that CILTHK may send me materials regarding to afore-mentioned purposes.  YES  NO  And, upon election, I am willing to list the following data on the Institute’s website (Membership Register), please tick:  Name **OR**  None of Personal Data to be listed | | | | | |
| Signature of Applicant: | |  |  | Date: |  |
| Z:\CILTHK\Administration\Company Stationery\CILT Brand Guidelines_20130809\New Icon\circular logo.jpg | **The Chartered Institute of Logistics and Transport in Hong Kong**  7/F., Yue Hing Building | 103 Hennessy Road | Wanchai | Hong Kong  **T** (852) 2866 6336 | **F** (852) 2866 6118 | **E** [info@cilt.org.hk](mailto:info@cilt.org.hk) | **W** www.cilt.org.hk | | | | |