



MEMBERSHIP APPLICATION / DATA UPDATE FORM

PART A: GENERAL INFORMATION

Please read our PART E TO G carefully before completing this form. Please complete legibly all parts in BLOCK LETTERS. Please “✓” the appropriate box(es) only.

New Membership

Change of Personal Data*

**Please fill in your name, membership ID and provide update on changes only.*

Membership ID: _____

PART B: PERSONAL PARTICULARS (PLEASE PRINT IN BLOCK LETTERS)

FIRST NAME: _____ LAST NAME: _____ (*Mr./Mrs./Miss/Ms.)

NAME IN CHINESE: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

OCCUPATION / PROFESSIONAL: _____

OFFICE NAME & ADDRESS: _____

POSITION HELD: _____

CORRESPONDENCE ADDRESS: (*HOME / OFFICE) PLEASE INDICATE IF OTHER THAN HOME OR OFFICE

TELEPHONE NUMBER: (OFFICE): _____ (HOME): _____

(MOBILE): _____ FAX NO: _____

E-MAIL:* _____ ALTERNATE E-MAIL: _____

*Note: Future correspondence will mostly by email.

For Official Use Only

Accept New Membership Number: _____ Payment Made

Non-accept: Remarks: _____

Suite 4D, 88 Commercial Building, 28 Wing Lok Street, Sheung Wan, HKSAR

香港上環永樂街 28 號東成商業大廈 4 樓 D 室

Tel: (852) 2851 6006 Fax: (852) 2851 8728 Email: admin@mediate.org.hk Website: http://mediate.org.hk



PART C: QUALIFICATION & EXPERIENCE

(1) HAVE YOU BEEN AN ACCREDITED MEDIATOR: (Please tick box)

No* Yes Accredited by _____ Date of accreditation: _____

(*When you accredited by HKMAAL, please notify HKIM via email at mediation.hkim@gmail.com)

(2) MEDIATION COURSES ATTENDED

COURSE NAME & ORGANIZER	NAME OF TRAINERS	COURSE DATE

(3) PROFESSIONAL QUALIFICATION

PROFESSIONAL BODY	TYPE OF MEMBERSHIP	DATE OF ACCREDITATION

(4) MEDIATION EXPERIENCE:

Please provide any mediation experiences that you have and use additional sheet of paper if necessary.

PART D: INTERESTS

Applicant's interests

Should I be accepted as a member, I am willing to join the following working groups as a volunteer worker[Please tick box(es)]:

- Mediation Services Group: to intake case, coordinate to assign cases, etc.
- Continuing Learning Group: to organize workshops, study groups, mediation simulation workshops, etc.
- Social Activities and Networking Group: to organize seminars, sports, hobbies and mediation gatherings, monitor website, write on facebook, twitters, take up administration work, liaise with other mediation organizations.

Apply as a member and not available to be a voluntary worker for the time being.

Other suggestions: _____

**PART E: TERMS OF MEMBERSHIP**

(1) Members privileges:-

- a) To receive information and news from HKIM from time to time.
- b) To attend and participate in training courses, seminars, workshops and activities organized or supported by HKIM.

(2) Members obligations: -

- a) To observe and comply with the rules and regulations of HKIM as announced from time to time.
- b) Not to do anything that is harmful or caused damages to HKIM.

(3) Termination of Membership

Both HKIM and individual member may at any time terminate this Agreement by giving not less than one month's prior notice in writing to each other. Members who withdraw their membership in the course will not be eligible for any refund of the membership fees made.

(4) Membership of HKIM is not transferable.**(5) HKIM has the sole discretion whether to accept application and/or renewal of membership by individuals without giving reasons or explanations. Successful applicants will be notified of membership acceptance and will be eligible to enjoy special privileges and benefits exclusively offered to members of HKIM only. HKIM reserves the right to change any of these benefits from time to time without notice.****(6) HKIM reserves the right to terminate membership of any individuals in case of any breach of the terms & conditions by the member. Paid membership fees are non-refundable.****(7) Membership fee: (Please tick box)**

- HK\$380 for membership fee (no annual membership fee is required until further notice).

Enclosed is my cheque # _____

Please complete application form with a cheque payable to “**Hong Kong Institute of Mediation Limited**” and send to **Suite D, 4/F, 88 Commercial Building, 28-34 Wing Lok Street, Sheung Wan, Hong Kong.**

PART F: PERSONAL DATA (PRIVACY) ORDINANCE NOTICE

Persons who supply data in their application to the Hong Kong Institution of Mediation (HKIM) are advised to note the following points pursuant to the Personal Data (Privacy) Ordinance. Personal data provided in this application form will be used for the purpose of applying to be a member of the HKIM, and in this connection the data herein will be dealt with by the HKIM staff and/or by the HKIM council members. HKIM will use personal data collected from data subject for the purpose of promoting mediation related activities. Such activities include but not limited to event, invitation, services provided, training, research, opinion collection, fund raising, etc. The mediation related activities providers include our associated organizations - ISE Consultants Limited, and Friends of Mediation, and any other mediation related organizations. After an application for membership of the HKIM has been duly processed, the applicant's papers will be retained in a file established by the HKIM. Such information will be retained by HKIM for as long as it deems necessary or useful. Under the provisions of the Personal Data (Privacy) Ordinance, an applicant has the right to access to, and the correction of, his/her personal data as retained by the HKIM. Applicants wish to access or make corrections to their data should submit written request to the Secretary of the HKIM.

PART G: DECLARATION

I, the undersigned, now applying for Member of the HKIM, do hereby undertake, in the event of my admission, to abide by the Policies, Constitution and Bye-Laws of the Institute, as they now exist, or as they may hereafter be altered, amended or enlarged.

I have read and agreed to the Personal Data (Privacy) Ordinance Notice.

I authorize the HKIM, its staff, employees and/or members of the HKIM Council to deal with, utilize and/or assess the data submitted by me as may be required in connection with my application for membership of the HKIM.

I understand that my data will become part of the HKIM's files and may be used for all purposes deemed necessary or useful by the HKIM.

I declare that the information given in support of this application is accurate and complete. I understand that any misrepresentation will disqualify my application and may lead to revocation of my application for the HKIM should my application be successful.

Any information on this form may be made available by the HKIM to third parties for the purposes of applying for membership of the HKIM.

Signature: _____ Date: _____

Name of applicant (in print): _____