



會員申請表

Membership Application Form 2020



會員續會



GAMA-HK



f GAMA HK



f 贏在好管理



gama hk

商界展關懷
caringcompany
Awarded by The Hong Kong Council of Social Service
香港社會服務聯會頒發

GAMAHK 會員申請 GAMAHK Membership 2020

會籍類別 Membership Categories



國際會員 International Member

- Any person who is working in agency management in life insurance industry and possessed an international award(s) which is recognized by the Board. By qualifying for an International Member, applicant is automatically granted for Active Member or Chartered Member subject to the discretion of the Board.

申請人須從事壽險業管理工作及持有協會認可之國際榮譽獎項。(國際會員同時將授與為核准會員或特許會員，由董事局作最後決議)。

特許會員 Chartered Member

- Any person who is working in agency management in life insurance industry and possessed a professional designation** granted by an institution or organization which is approved by the Board. (Please refer to "Professional Attainments" in Part A of the form)

申請人須從事壽險業管理工作及持有協會認可之行業資格認證**。(詳見表格內「行業資格／認證」一欄)

核准會員 Active Member

- Any person who is working in agency management in life insurance industry

申請人須從事壽險業管理工作

協會會員 Associate Member

- Any person who is interested in agency management including but not limited to trust officers, lawyers, home office personnel, publishing house officials, financial planners.

有興趣於團隊管理及發展工作，包括：信託管理、律師、企業人員、財務策劃師等。

會籍類別	GAMA獎項	GAMAHK榮譽獎項 LBA, TRA, BGA, RMA	GAMA國際榮譽獎項 MAA, IMA, FLA
國際會員 International Member		✓	✓
特許會員 Chartered Member		✓	X
核准會員 Active Member		✓	X
協會會員 Associate Member		X	X

會籍類別及會員福利 Membership Categories and Benefits of GAMA Members

國際會員 International Member HK\$1,380 (US\$175)	<ul style="list-style-type: none"> GAMAHK 季刊《銳集》 	<ul style="list-style-type: none"> 尊享優越國際會員價參與 LAMP 及 GAMAHK 管理研討會 尊享優越國際會員價報讀 GAMA International 及 GAMAHK 教育課程及產品 尊享優越國際會員價租用 GAMAHK 場地及設施 GAMA International 期刊 申請 GAMA 國際榮譽獎項* 及 GAMAHK 榮譽獎項*，並可參與 GAMA 國際榮譽獎項頒獎典禮*、於紀念特刊及報章上刊登相片及榮獲之殊榮 享有 GAMAHK 董事會選舉的投票權
特許會員 Chartered Member HK\$600		<ul style="list-style-type: none"> 尊享優越特許/核准會員價參與 GAMAHK 管理研討會 尊享優越特許/核准會員價報讀 GAMAHK 教育課程及產品 尊享優越特許/核准會員價租用 GAMAHK 場地及設施 申請 GAMAHK 榮譽獎項*，並可參與 GAMA 國際榮譽獎項頒獎典禮*、於紀念特刊及報章上刊登相片及榮獲之殊榮 享有 GAMAHK 董事會選舉的投票權
核准會員 Active Member HK\$600		
協會會員 Associate Member HK\$300		<ul style="list-style-type: none"> 尊享協會會員價參與 GAMAHK 管理研討會 尊享協會會員價報讀 GAMAHK 教育課程及產品 尊享協會會員價租用 GAMAHK 場地及設施

備註：*需另行報名

2020年會員申請表 MEMBERSHIP APPLICATION FORM

請於適當的空格內加上 (✓) Please put a (✓) in the appropriate box.

<input type="checkbox"/> 新會員申請 NEW MEMBER * 請細閱及繼續填寫本表格之背頁 Please read carefully and continue fill in back page of the application form	<input type="checkbox"/> 會員續會 MEMBERSHIP RENEWAL (會員號碼 Membership no.: 778999*0000 _____)
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申請人相片
Applicant's Photo

(相片將用作行政紀錄及榮譽獎項頒獎禮之用，如沒有更新通知，本會將沿用舊有相片。)

(Photo will be used for the purpose of administration and award presentation. Existing photo will be used if no prior notification received.)

會員類別 Types of Membership

<input type="checkbox"/> 國際會員 International Member	HK\$1,380	<input type="checkbox"/> 特許會員 Chartered Member	HK\$600
<input type="checkbox"/> 核准會員 Active Member	HK\$600	<input type="checkbox"/> 協會會員 Associate Member	HK\$300

歡迎現有會員透過本會網站 (www.gama.com.hk) 辦理續會手續！
Current members can renew your membership via our website (www.gama.com.hk)!

PART A : 個人資料 PERSONAL PARTICULARS

請用藍色／黑色原子筆以英文正楷填寫 Please complete this form in BLOCK letters using black or blue pen.

☐ **資料維持不變 Remain unchanged (只適用於續會會員)**

英文全名 Name in English : (先生/女士/太太/博士/教授) _____ 中文全名 Name in Chinese : _____
(與證件上名字相同 Same as HKID / Passport)

身份證號碼 I.D. No. : _____ () 出生日期 Date of Birth : _____ DD/MM/YY 國籍 Nationality : _____

公司名稱 Name of Company : _____

職位 Title : _____ 保險牌照號碼 Licence No.* : _____ 代理人號碼 Agent Code* : _____

公司地址 Office Address : _____

公司電話 Office Tel. : _____ 手提電話 Mobile : _____

WhatsApp : _____ 電郵地址 E-mail Address : _____

*必須填寫 Mandatory Field

教育程度 Highest Education Level

<input type="checkbox"/> 中學 Secondary School	<input type="checkbox"/> 大專 Post Secondary	<input type="checkbox"/> 大學 Bachelor	<input type="checkbox"/> 碩士 Taught Master
<input type="checkbox"/> 研究生 Post Graduate	<input type="checkbox"/> 博士 Doctoral Degree	<input type="checkbox"/> 其他 Others : _____	

**** 行業資格／認證 Professional Attainments** (申請人士必須提供相關證明，以供審核。Applicant must provide supporting documents for review.)

<input type="checkbox"/> AMTC	<input type="checkbox"/> CIAM	<input type="checkbox"/> CFP	<input type="checkbox"/> CICFP	<input type="checkbox"/> ICFP	<input type="checkbox"/> CLU	<input type="checkbox"/> CMFA
<input type="checkbox"/> CWM	<input type="checkbox"/> ChFC	<input type="checkbox"/> EDM	<input type="checkbox"/> ELM	<input type="checkbox"/> FChFP	<input type="checkbox"/> FLMI	<input type="checkbox"/> IFPC
<input type="checkbox"/> LUTCF	<input type="checkbox"/> RFC	<input type="checkbox"/> RFP	<input type="checkbox"/> CFFL	<input type="checkbox"/> ChLDM	<input type="checkbox"/> ALDM	

☐ 同等資格／認證 (請列明) Equivalent Attainments (Please specify): _____

曾獲獎項 Awards

<input type="checkbox"/> MAA	<input type="checkbox"/> IMA	<input type="checkbox"/> FLA	<input type="checkbox"/> TRA	<input type="checkbox"/> BGA	<input type="checkbox"/> RMA	<input type="checkbox"/> LBA	<input type="checkbox"/> MDRT	<input type="checkbox"/> MDRT(Life member)
<input type="checkbox"/> IQA	<input type="checkbox"/> MQA	<input type="checkbox"/> DMA	<input type="checkbox"/> DAA	<input type="checkbox"/> QAA	<input type="checkbox"/> QMA	<input type="checkbox"/> 其他 Others : _____		

PART B : 建議人及附議人 PROPOSER AND SECONDER

請用藍色／黑色原子筆以英文正楷填寫 Please complete this form in BLOCK letters using black or blue pen.

建議人及附議人必須是本會核准會員、特許會員或國際會員

Proposer and Seconder must be a GAMAHK Active Member, Chartered Member or International Member

本人 (簽名人) 認識申請人並 (1) 相信他／她乃合乎道德，操守及專業水平，有資格成為會員及 (2) 宣告相信申請人資料均屬真實無訛。

I, the undersigned, am acquainted with applicant and (1) believe him/her to be a person of good moral, ethical and professional standing and in every respect eligible to become a member of the association, and (2) declare that the particulars of the applicant are true and correct to the best of my knowledge.

建議人 PROPOSER

英文全名 Name in English : _____ 會員號碼 Membership no. : 778999*0000 _____

公司 Name of Company : _____ 職位 Title : _____

電話 Tel. no. : _____

建議人簽署 Signature of Proposer : _____ 日期 Date : _____

附議人 SECONDER

英文全名 Name in English : _____ 會員號碼 Membership no. : 778999*0000 _____

公司 Name of Company : _____ 職位 Title : _____

電話 Tel. no. : _____

附議人簽署 Signature of Seconder : _____ 日期 Date : _____

PART C : 付款資料 PAYMENT INFORMATION

請於適當的空格內加上 (✓) Please put a (✓) in the appropriate box.

☐ 現金 Cash ☐ 支票 Cheque (支票抬頭 Payable to “GAMAHK Ltd.”) 銀行 Bank : _____ 支票號碼 Cheque Number : _____

☐ 信用卡 Credit Card *如欲以銀聯卡/美國運通卡/支付寶/微信支付付款，請登入本會網站辦理續會手續。

☐ VISA ☐ MasterCard *Please renew your membership at our website for payment via UnionPay/American Express/Alipay/Wechat Pay.

信用卡號碼 Credit Card Number : _____ 屆滿日期 Expiry Date : _____ MM/YY

持卡人姓名 Name of Card Holder : _____ 金額 Total Amount : _____

持卡人簽署 Signature of Card Holder : _____ 日期 Date : _____

備註 REMARKS

* 請注意下列事項 Please note the following items

- 會籍有效期至該年度之 12 月 31 日止。GAMAHK membership is valid until 31st December every year.
- 請填妥表格中所須資料，並簽署確認。Please complete the form with your signature.
- 新會員須填妥 B 部份。For NEW member application, please complete PART B.
- 簽署並填妥信用卡付款所須資料或附上劃線支票，抬頭請填寫 “GAMAHK Ltd.”。Please provide the credit card information and confirm payment with card holder's signature or enclosed with a crossed cheque payable to “GAMAHK Ltd.”.
- 申請一經批核，所有款項恕不退還。The membership fee is non-refundable once the payment has been settled.
- 閣下的公司地址將會用作通訊之用。Your office address will be your correspondence address.
- 請提供彩色證件相片以用作行政紀錄及榮譽獎項之用。Please provide a color passport size photo for the purpose of administration and awards program.
- 收集個人資料聲明－此會員申請表中收集之個人資料只用作為會員活動用途。Personal Data Disclaimer — Personal data collected in this application form will be used for membership activities only.

聲明 DECLARATION

本人，下述簽署人，特此聲明表格中所提供的資料均屬真實且正確無訛。本人明白並同意香港人壽保險經理協會 (GAMAHK) 將該等資料作其行政及通訊之用。如有任何虛構或誤導，申請將不獲受理或遭撤回，而所繳交之款項恕不退還及不能轉讓。

I, the undersigned, hereby declare that all the particulars given in this form is true and correct to the best of my knowledge. I understand and agree the information I have provided in this form will be used for the purpose of administration and communication by General Agents and Managers Association of Hong Kong (GAMAHK). Any false or misleading information given will lead to disqualification of my application or dismissal of action, and the membership fee once paid is non-refundable and non-transferable.

如不欲收到從香港人壽保險經理協會經以下途徑發出的推廣資訊，請於 ☐ 內以 “✓” 顯示。

☐ WhatsApp (以上提供的WhatsApp號碼) ☐ 電郵 (以上提供的電郵地址)

If you do not want to receive GAMAHK's promotions via following channels, please put a (“✓”) in the appropriate box.

☐ WhatsApp (WhatsApp no. provided above) ☐ Email (email address provided above)

日期 Date : _____ 簽署 Signature of Applicant : _____

此欄只供本會填寫 FOR OFFICE USE ONLY

會籍類別 TYPE OF MEMBERSHIP ☐ 國際會員 International Member ☐ 特許會員 Chartered Member ☐ 核准會員 Active Member ☐ 協會會員 Associate Member

Authorized Code	Date	Control Number	Handled By	Receipt Number