

GAMAHK 會員申請

GAMAHK MEMBERSHIP 2025



香港唯一的保險經理協會致力於為我們的會員提供基於研究的世界級教育和培訓資源
會員可以在這裡與同行交流，並為那些達到卓越標準的領導者提供專業成長
和獎項認可的獨家機會。

會籍類別

Membership Categories

榮譽會員

Honorary Member



在保險業界或社會服務有傑出貢獻、或為
香港人壽保險經理協會會員25年或以上，
會籍經由董事局邀請及批准

Any person who has performed some distinguished public service in the community or the field of life insurance or joined as member of the Association with not less than 25 years in total may be invited by the Board as an Honorary Member of the Association

國際會員

International Member



申請人須從事壽險業管理工作

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

以上會員均有之權利

- ☒ ^ 申請GAMA國際榮譽獎項 Apply GAMA Global Awards
- HOH, MAA, IMA, FLA, ERA
- ☒ ^ 申請GAMAHK本地榮譽獎項 Apply GAMAHK Local Awards
- TRA, BGA, RMA, LBA, Starry Award
- ☒ GAMAHK刊物
GAMAHK Newsletter
- ☒ GAMA Global電子刊物
GAMA Global e-Newsletter
- ☒ 會員專享優惠價參與協會活動
Enroll GAMAHK events with special member price
- ☒ 會員專享優惠價租用協會場地及設施
Rent GAMAHK venue & equipments with special member price
- ☒ 享有GAMAHK董事會選舉投票權
Entitled to vote at GAMAHK's Election

^ 備註Remarks:

須另行報名，成功申請獎項將獲發獎項證書、於紀念特刊及報章上刊登相片及榮獲之殊榮，詳情參閱「榮譽獎項準則2025」。
Required independent application. Successful awardees will receive a certificate and personal photo recognition on booklet and newspaper supplement. Please refer to "Awards Criteria 2025" for details.

GAMAHK 會員申請 / 續會表格 2025

GAMAHK Membership Application / Renewal Form 2025

新會員亦可將解像度300dpi或以上的彩色相片電郵至
mem@gama.com.hk
You can also email color photos with resolution of 300dpi or
above to mem@gama.com.hk
(相片將用作行政紀錄及榮譽獎項相片之用。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.)

Part A : 會員類別 Type of membership (國際及榮譽會員將自動擁有 GAMA Global 會員資格)

請於適當空格內加上“✓” Please put a “✓” in the appropriate box.

<input type="checkbox"/> 會員類別/會費 Type of Membership / Fee	<input type="checkbox"/> 國際會員 International Member HK\$1,380	<input type="checkbox"/> 榮譽會員 Honorary Member HK\$1,380
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會籍有效期至每年度12月31日止。 GAMAHK membership is valid until 31st December every year.請以藍色 / 黑色原子筆以英文正楷填寫 Please complete this form in **BLOCK** letters using blue or black pen.

PART B : 個人資料 Personal Particulars

會員號碼 Member Number : 778999*0000

☐ 先生 Mr. ☐ 太太 Mrs. ☐ 女士 Ms. ☐ 博士 Dr. ☐ 教授 Prof.

英文全名 Name in English : _____ 中文全名 Name in Chinese : _____

(與證件上名字相同 Same as ID No. / Passport)

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

公司名稱 Name of Company : _____ 職位 Position : _____

公司地址 Address of Company : _____

公司電話 Office Tel. : _____ 代理人號碼 Agent Code : _____

手提電話 Mobile : _____ WhatsApp 號碼 : _____

保險牌照號碼 License No. : _____ 電郵地址 Email Address : _____

聯絡人姓名 Contact Person : _____ 聯絡人電話 Contact No. : _____

(如未能聯繫會員本人，將由聯絡人代為接收協會通知 The Contact person will receive all GAMAHK notice on behalf of the member unless the latter is reachable)

通訊地址 Correspondence Address : _____

(如與上述公司地址不同，請填寫此欄 Please fill in this column if the address is different from the company address)

教育程度 Highest Education

☐ 中學 Secondary ☐ 大學 / 大專 University / Post Secondary ☐ 碩士或以上 Post Graduate or above ☐ 其他 Others

PART C : 建議人及附議人 Proposer and Secondor (只適用於新會員 NEW Members only)

建議人及附議人必須是本會國際會員或榮譽會員 Proposer and Secondor must be a GAMAHK International Member or Honorary 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, 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 | 姓名 Name : _____ (778999*0000) 簽署 Signature : _____

附議人 Secondor | 姓名 Name : _____ (778999*0000) 簽署 Signature : _____

PART D : 付款資料 Payment Information

☐ 現金 Cash ☐ 支票 Cheque (支票抬頭 Payable to “GAMAHK Ltd.”) 銀行 Bank : _____ 支票號碼 Cheque No. : _____

☐ 信用卡 Credit Card ☐ 持卡人非會員本人 Cardholder is Non-member (恕不接受銀聯卡/美國運通卡/支付寶/微信支付)

☐ VISA ☐ MasterCard

(Payment via UnionPay / American Express / Alipay / WeChat Pay are not accepted)

信用卡號碼 Credit Card No. : _____ 屆滿日期 Expiry Date : _____ MM/YY

持卡人姓名 Cardholder Name : _____ 驗證號碼 CVV Code : _____ 金額 Amount : HK\$1,380

持卡人簽署 Signature of Cardholder : _____ 日期 Date : _____

備註及條款 Remarks and Terms

- ◆ 會籍有效期至每年度12月31日止。 GAMAHK membership is valid until 31st December every year.
- ◆ 請填妥表格中所有資料，並簽署確認。 Please complete the form with your signature.
- ◆ 會籍將於付款成功後才生效。 Membership will be effective only when payment has been settled successfully.
- ◆ 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.
- ◆ 收集個人資料聲明 – 此會員申請表中收集之個人資料用作會員申請、會員紀錄及活動推廣等用途。 Personal Data Disclaimer – The usage of personal data collected via this application form include but not limited to membership application, record keeping and event promotions.
- ◆ 會員參與活動時即同意大會有關 (或授意相關人員) 於活動期間進行攝影、錄影、錄音及直播，以作公告、宣傳、刊登於網站、刊物及相關媒體之用。 Should you choose to attend GAMAHK's activities, you are deemed to have given your consent to GAMAHK and its affiliates and representatives to use all photos and videos taken during the events for publications.
- ◆ 申請人已 **知悉及同意** GAMAHK將個人資料轉至用於APP帳戶，以及向閣下提供帳戶活動的相關提示訊息。 Applicant **acknowledges and agrees** that GAMAHK will use personal data for APP account, and to provide you a notification of account activities.

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。本人已細閱及同意有關備註及條款，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。如有任何虛假或誤導，申請將不獲受理或遭撤回，而所交之款項恕不退還及不能轉讓。

I, undersigned, hereby declare that all the particulars given in this form is true and correct to the best of my knowledge. I have read and agree the remarks and Terms and Condition, and 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.

☐ 本人已 **知悉及同意** GAMAHK將個人資料轉至用於GAMAHK E-class帳戶，以及向閣下提供戶口活動的相關提示訊息。

I **acknowledges and agrees** that GAMAHK will use personal data for GAMAHK E-class account, and to provide you a notification of account activities.

如不欲收到香港人壽保險經理協會經以下途徑發出的推廣資訊 (續會通知除外)，請於適當空格內加上“✓” (一經確認將永久生效，如欲取消請主動通知協會)

If you **do not** want to receive GAMAHK's promotions (membership renewal notification excluded) via follow channels, please put a “✓” in the appropriate box.
(Once confirmed, it will take effect permanently. If you want to cancel, please notify GAMAHK)

☐ WhatsApp

☐ 電郵 Email (以上提供的電郵地址 Email provided above)

☐ 電話 Telephone

日期 Date : _____ 申請人簽署 Signature of Applicant : _____

只限本會填寫 For Office Use Only

Authorized Code	Date	Control No.	Handled By	Receipt No.
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