



會員申請 2026 MEMBERSHIP 2026

GAMAHK 乃本港唯一代表人壽保險經理的專業組織。透過榮譽獎項，專業培訓以取得國際認可資格，引領會員及業界邁向專業及肯定。

GAMAHK is the only professional organization representing the Life Insurance Managers in Hong Kong. By offering Honorary Awards and professional training for achieving internationally recognized qualification, we lead our members and the industry towards professionalism and recognition.

會籍類別 Membership Categories

榮譽會員 Honorary Member

在壽險業領域或社會服務有傑出貢獻者，或為香港人壽保險經理協會會員累計不少於25年者，均可由董事局邀請成為本會榮譽會員。

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

從事壽險業管理工作者。

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

會員專享福利 Member Exclusive Benefits

1 ^申請 GAMA 國際榮譽獎項：HOH, MAA, IMA, FLA, ERA
^Apply GAMA Global Awards: HOH, MAA, IMA, FLA, ERA

2 ^申請 GAMAHK 本地榮譽獎項：TRA, BGA, RMA, LBA, 招星薈
^Apply GAMA Local Awards: TRA, BGA, RMA, LBA, Starry Award

3 GAMAHK 及 GAMA GLOBAL 電子刊物
GAMAHK and GAMA Global e-Newsletter

4 會員專享優惠價參與協會活動
Enroll GAMAHK events with member price

5 會員專享優惠價租用協會場地及設施
Rent GAMAHK venue & equipments with member price

6 享有 GAMAHK 董事局選舉投票權
Entitled to vote at GAMAHK's Election

歡迎現有會員透過本會網站 (www.gama.com.hk) / GAMAHK APP 辦理續會手續！

^備註 Remarks:

須另行報名，詳情參閱「榮譽獎項準則2026」。

Required independent application. Please refer to "Awards Criteria 2026" for details.

GAMAHK 會員申請 / 續會表格 2026

GAMAHK Membership Application / Renewal Form 2026

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)

請以英文正楷填寫並請於適當空格內加上“√” Please complete this form in **BLOCK** letters and please put a “√” in the appropriate box.

新會員申請 New Member Application

續會申請 Member Renewal (會員號碼 Member Number : 778999*0000 _____) 資料維持不變 Remain unchanged

PART B : 個人資料 Personal Particulars

先生 Mr. 太太 Mrs. 女士 Ms. 博士 Dr. 教授 Prof.

姓 Family Name: (English) _____ 名 Given Name: (English) _____ 中文姓名 Name in Chinese: _____
(與證件上名字相同 Same as ID Card / Passport)

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

手提電話 Mobile : _____ WhatsApp 號碼 : _____ 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)

所屬公司 Company

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: _____ 保險代理牌照號碼 IA/APS No: _____

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 Seconder (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 Seconder 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 Seconder | 姓名 Name : _____ (778999*0000) 簽署 Signature : _____

PART D : Payment by 繳付方式

如使用轉數快或銀行轉帳，請於付款後把截圖或入數證明連同申請表格一同電郵至 mem@gama.com.hk 遞交

If payment is made by FPS or bank transfer, please email the payment record together with the application form to mem@gama.com.hk.

轉數快 FPS (ID: 110114287) 公司名稱 : General Agents and Managers Association of Hong Kong Limited

銀行轉帳 Bank Transfer (帳戶 : (HSBC) 511-824104-001 公司名稱 : General Agents and Managers Association of Hong Kong Limited)

如以支票支付，請將支票連同申請表格一同郵寄至 觀塘海濱道 133 號萬兆豐中心 11 樓 G 室 遞交或請將支票存入銀行帳戶並將入數證明一併電郵交回

If payment is made by cheque, please mail the cheque together with the application form to Unit G, 11/F, MG Tower, 133 Hoi Bun Road, Kwun Tong; or deposit the cheque into the bank account and email the payment slip together with the application form for our handling.

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 (本人授權 GAMAHK 使用所提供的信用卡資料進行付款並明瞭及接受所繳交之款項恕不退還及不能轉讓。 I authorize GAMAHK the use of credit card information for payment, understand, and accept the payment made is non-refundable and non-transferable.)

VISA MasterCard (Payment via UnionPay /AE /Alipay /WeChat Pay are only accepted through online Renewal)

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 and conditions

- ◆ 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，並至12月31日止。 Membership will be effective only when payment has been settled successfully, and is valid until 31st December.
- ◆ 申請一經批核，所有款項恕不退還及不能轉讓。 The membership fee is non-refundable and non-transferable 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、GAMAHK APP 帳戶設立和活動推廣等用途。 Personal Data Disclaimer - The usage of personal data collected via this application form include but not limited to membership application, record keeping, set up member account at GAMAHK APP and event promotions.
- ◆ 會員參與活動時即同意大會有權(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.

嘘聲 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，且沒有任何保險市場有關操守的投訴。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 and that there have been no complaints regarding my conduct in the insurance market. I have read and agree the remarks and Terms and conditions 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.

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(必要通知除外)，請於適當空格內加上“√”。 If you do not want to receive GAMAHK's promotions (except for necessary notifications) via follow channels, please put a “√” in the appropriate box.

WhatsApp 電郵 Email 電話 Telephone

申請人簽署 Signature of Applicant

日期 Date

只限協會填寫 For Office Use Only				
Auth. Code	Date	Control No.	Handled By	Receipt No.