



To: **Hong Kong Institute of CPAs,**  
 37/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong.

## Taxation Faculty (TF) Membership Application Form (HKICPA member/HKICPA student/International Affiliate)

For HKICPA members, HKICPA students and International Affiliates joining the TF, personal data in the Institute records will be used for the purpose of processing and maintaining your TF membership, amongst other things (see Personal data statement below). If you wish to check and/or update your personal data in the Institute's records, please go to "MyCPA" (members), "MyQP" (students) and "My Account" (International Affiliates) at <[www.hkicpa.org.hk](http://www.hkicpa.org.hk)>.

Title: <u>Mr. / Mrs. / Ms.</u>		Family name: _____			Given name: _____		
Work type:	<input type="checkbox"/> Professional Accountant in Business ↓		<input type="checkbox"/> CPA in Practice ↓		<input type="checkbox"/> Other (Please specify): _____		
Employer type:	<input type="checkbox"/> Private sector	<input type="checkbox"/> Public sector	<input type="checkbox"/> Academic	<input type="checkbox"/> Big-4	<input type="checkbox"/> Non-Big-4		
Is taxation your main job responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please indicate your reasons for joining TF): _____							

### Membership fee for the year 1 January 2020 to 31 December 2020

<input type="checkbox"/> <b>HKICPA member/HKICPA student/ International Affiliate: HK\$250 per person</b> *Please tick one of the following category:							
<input type="checkbox"/> HKICPA member		Member number		: _____			
<input type="checkbox"/> HKICPA student		Student number		: _____			
<input type="checkbox"/> International Affiliate (IA)		IA number		: _____			
Payment by:	<input type="checkbox"/> Cheque (no. _____) payable to "Hong Kong Institute of Certified Public Accountants" or "HKICPA"						
	<input type="checkbox"/> Other VISA / MasterCard						
Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Card Expiry Date (MM/YY): <input type="text"/>
Cardholder's Name (block letters): _____			Cardholder's Signature: _____			Date: _____	
<input type="checkbox"/> I would like to have an official receipt. (Remarks: Official receipt will be sent to your correspondence email address with the Institute.)							

\_\_\_\_\_  
**Taxation Faculty Applicant's Signature**

\_\_\_\_\_  
**Date**

**Your personal data** collected from the application of TF membership will be used for the purpose of processing and maintaining your TF membership. Such data collected may be accessible by the Institute's officers, persons or committees processing the TF membership application and related matters. In addition, the Institute may use the collected data for statistical research and analysis, for keeping members informed of its services and for other uses internally. The Institute intends to use the personal data of your name, email address and correspondence address to inform you, where relevant, of CPD activities, members' benefits, goods, services, facilities and events organized or provided by the Institute or other organizations. Members and registered students may opt out of receiving such materials at any time by logging in via the following link <<http://mas.hkicpa.org.hk/mycpa/communication/preference>>. Non-members of the Institute may opt out of receiving such materials at any time by sending an email to the Institute at <[privacyofficer@hkicpa.org.hk](mailto:privacyofficer@hkicpa.org.hk)> or a letter to the Institute's privacy officer. For more information about the privacy policy of the Institute, please go to <<http://www.hkicpa.org.hk/en/service-tools/privacy-policy/>>. **Please note that if you do opt-out, you will no longer receive information about TF news and events.**

**Membership information enquiry Tel:** 2287 7089 **E-mail:** [canace@hkicpa.org.hk](mailto:canace@hkicpa.org.hk)

<b>FOR OFFICE USE</b>	Auth. code no.	Handled by	Date