Hong Kong Institute of Certified Public Accountants
香港會計師公會

POS Item Code: 402

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
(Professional staff of HKICPA member firm (non-HKICPA member)/ Non-HKICPA member)

Title: Mr. / Mrs. / Ms. Family name: _____ Given name: _____

Address: _____

Tel.: _____ Fax: _____

Email: _____

Employer: _____

Position: _____

Work type:	❑ Professional Accountant in Business ↓			❑ CPA in Practice ↓		❑ Other (Please specify):
Employer type:	❑ Private sector	❑ Public sector	❑ Academic	❑ Big-4	❑ Non-Big-4	

Is taxation your main job responsibility? ❑ Yes ❑ No (Please indicate your reasons for joining TF): _____

Membership fee for the year 1 January 2020 to 31 December 2020 **Please tick the appropriate box*

❑ **Professional staff of HKICPA member firm (who are non-HKICPA member): HK$250 per person**

Firm name registered with the Institute : _____

❑ **Non-HKICPA member: HK$400 per person**

Please tick one of the following category:

❑ Professional staff of the Inland Revenue Department

❑ Law Society of Hong Kong member Member number : _____

❑ Hong Kong Bar Association member Member number : _____

❑ Member of other IFAC accounting body (i.e., full members in good standing of accountancy bodies that are full member bodies of the International Federation of Accountants)

Accounting body : _____

Member number : _____

❑ Academic from tertiary education institutions in Hong Kong, specialising in tax/ accounting/ finance/ economics

Name of institution : _____

Job title : _____

❑ Other applicants may be considered by the faculty executive committee on a case-by-case basis, based on professional memberships/ qualifications and/ or work experience. Please attach a resume indicating professional membership, qualification and work experience.

Payment by: ❑ Cheque (no._____) payable to "Hong Kong Institute of Certified Public Accountants" or "HKICPA"

❑ Other VISA / MasterCard

Card Number: | | | | | | | | | | | | | | | | | Card Expiry Date (MM/YY): | | | |

Cardholder's Name (block letters):	Cardholder's Signature:	Date:

❑ I would like to have an official receipt. *(Remarks: Official receipt will be sent to your email address provided above.)*

_____ _____

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> 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

FOR OFFICE USE	Auth. code no.	Handled by	Date