The Hong Kong Institute of Architectural Conservationists

香港建築文物保護師學會

**CORPORATE MEMBERSHIP APPLICATION GUIDE**

1. The Hong Kong Institute of Architectural Conservationists (HKICON) 香港建築文物保護師學會 is a professional body of architectural conservation practitioners. It was established within the context of growing recognition for the protection and conservation of built heritage in Hong Kong. HKICON invites architectural conservation related corporates to join as corporate members to share the latest development in the architectural conservation practice.
2. Benefits:
3. Latest news and notification of CPD events from HKICON.
4. Free place(s) offered in each CPD talk organized by HKICON.

|  |  |
| --- | --- |
| **Corporate Member (Banding as defined in Item 5 below)** | **Free place(s) offered** |
| Band A | 1 |
| Band B | 2 |
| Band C | 3 |

1. Qualifications for membership application:
2. A Hong Kong or overseas-based government agency, non-governmental organization, or registered private companies engaging in architectural conservation practice in Hong Kong, and shall have at least one Professional Member or a Fellow of the Institute as full-time staff.
3. Documents required:
4. A completed application form.
5. A copy of the valid Business Registration Certificate or other registration document as appropriate (if it is not a registered company of Hong Kong).
6. Organization chart of the corporate (Examples: for Band A, provide a list of the staff and their respective job titles; for Bands B and C, list the directors and senior management with job titles, and the number of subordinates).
7. Subscription Fees - with effect from 1 October 2019 (subject to change without further notice)

|  |  |
| --- | --- |
| **Banding[[1]](#footnote-1)** | **Annual Subscription Fee** |
| Band A: sole practitioner to 10 employed staff (HK office) | HK$ 1,500 |
| Band B: 11 to 30 employed staff (HK office) | HK$ 2,500 |
| Band C: more than 30 employed staff (HK office) | HK$ 4,500 |

The applicant is not required to pay the subscription fees at the time of application. Separate debit notes shall be issued for payment arrangement if HKICON has accepted the Corporate Membership application.

1. The completed application form, subscribing fee, together with all the required documents shall be sent to the following address:

**The President, The Hong Kong Institute of Architectural Conservationists**

**Room 1905, 19/F, Cheung Tat Centre, No. 18 Cheung Lee Street, Chai Wan, Hong Kong**

1. For enquiries, please contact us by e-mail at [admin@hkicon.org](mailto:admin@hkicon.org)

The Hong Kong Institute of Architectural Conservationists

香港建築文物保護師學會

**CORPORATE MEMBERSHIP APPLICATION FORM**

|  |  |
| --- | --- |
| Official Use Only | |
| Date received |  |
| Membership category applied |  |
| Registration number assigned |  |
| Remarks |  |
| Council approval |  |

**PART A CORPORATE PARTICULARS**

Corporate Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in Chinese (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Correspondence address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Correspondence tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Correspondence e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company website (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of staff: (Full Time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Part Time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART B REPRESENTATIVES**

Please fill in the information of at least one Director of the Corporate and at least one Professional Member or Fellow of the Institute who is working as a full-time staff in the company. He/ She can be the same person.

Director

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HKICON Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Member or a Fellow of the Institute

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HKICON Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART C DECLARATION**

We declare that the information given above is true. We further declare that if we are accepted as a corporate member of HKICON, we shall be bound by the Institute’s Constitution, By-laws and Code of Professional Conduct.

Corporate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorised signature and Company chop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. No. of employed staff including Full-time and Part-time staff. [↑](#footnote-ref-1)