

Application For CPHR Membership (China)

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|---|--|--|--|
| Note: Please fill in English, sign it when you complete it, and email the scanning copy to member@cphrchina.org | | | |
| Last Name (please keep consistency with your passport): | | Recent Photograph | |
| Given Name (please keep consistency with your passport): | | | |
| Name in Chinese: | | | |
| Birth(Year/Month) | | | |
| Work Contact Information: | | | |
| Title: | | Employer: | |
| Phone: | | Email: | |
| Address: | | | |
| Home Contact Information: | | | |
| Phone: | | Private Email: | |
| Address: | | | |
| Preferred Addresses for CPHR Communications | | | |
| Email: <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other, pls specify _____ | | Mail: <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other, pls specify _____ | |

Your home contact information is required for membership as we use this information in planning the distribution of our services. The information in your home contact fields will not be displayed in the online directory and will not be released to any third party for any reason. If you wish your home address to appear in the online directory, please enter it in both the home and work fields. Please note that information entered in the work contact fields may be provided to third parties such as speakers.

CPHR will provide you with information about its services and the services of other organizations that CPHR deems to be of interest to its members. You can change your communications preferences at any time by logging into our website and using the link to "My Email Option".

| II. Academic Qualifications (in chronological order) | | | |
|--|---------------------------------|----|--|
| Name of School Attended/Attending | Date of Attendance (Month/year) | | Qualifications Obtained / to be Obtained |
| | From | To | |
| | | | |
| | | | |
| | | | |
| | | | |

III. Professional Qualifications

| Professional Qualifications | Name of Issuing Authority | Qualification Obtained/to be Obtained | Date Awarded/to be Awarded |
|-----------------------------|---------------------------|---------------------------------------|----------------------------|
| | | | |
| | | | |
| | | | |

| Period (Month/Year) | | Name of Firm/Organization 公司名称 | Position Held 职位 | Direct Supervisor (Report to) 直接汇报对象职位 |
|-------------------------------|----|-----------------------------------|---------------------|---|
| From | To | | | |
| | | | | |
| Description of Duties 职责描述 | | | | |
| | | | | |
| Description of Duties | | | | |
| | | | | |
| Description of Duties | | | | |
| | | | | |
| Description of Duties | | | | |

V. Additional Information relevant to the application
State briefly other personal particulars and experience, if any, which you consider useful to support your application.

VI. Declaration
I declare that all the information and documents I have provided to support this application are true and correct to the best of my knowledge.

Date _____

Signature _____

Payment:

Annual membership dues are payable on a one-year period basis commencing on the member's admission date and every successive anniversary date.