

Associate Member Reinstatement Form

Please complete all items and tick the appropriate box.

Associate Member No. : _____

* Delete whichever is inapplicable.

Name : _____
First Name
Middle Name
Last Name (Surname or Family Name)

Title : Mr Mrs Miss Ms * HKID/Passport No. : _____ Nationality : _____

Have you been a CFA Candidate ? No Yes, Candidate No. _____

Have you been a member of CFA Institute ? No Yes, Member No. _____

Have you been a member of a CFA Institute Society?

No Yes, Name of Society _____ Join Date _____

Payment of Annual Dues : A cheque is attached with this form (the cheque should be made payable to “HKSFA”)

By credit card, please send me a payment link

Applicant's Signature : _____ Date : _____

CONTACT INFORMATION

Preferred Mailing Address : Company Home

Preferred Email Address : Company Home

Company

Company Name _____

Company Address _____

Company Telephone _____ Company Fax _____

Company E-mail Address _____

Home

Home Address _____

Home Telephone _____ Mobile Phone _____

Home E-mail Address _____ Home Fax _____

Note : For Personal Information Collection Statement, please visit our website at

http://www.hksfa.org/document/Privacy%20Policy_d050302.pdf.

Thank you for your reinstatement application. Please complete, sign and return this Form together with an Ethics Declaration Form and a cheque for the Annual Dues (or request for a payment link) to The Hong Kong Society of Financial Analysts, 14/F, BOC Group Life Assurance Tower, 136 Des Voeux Road Central, Hong Kong. The cheque should be made payable to “HKSFA”. For enquiries, please send it to info@hksfa.org or call us on 2521-2543.