



The Society of Accredited Safety Auditors Limited

香港核准安全稽核師公會有限公司

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## APPLICATION FOR MEMBERSHIP

<b>Please tick as appropriate:</b>		
<input type="checkbox"/> Full Member <input type="checkbox"/> Associate Member <input type="checkbox"/> Company Member <input type="checkbox"/> Upgrade Membership		
<b>Name of Company: (for Company Member only) *Please appoint a contact person</b>		
<b>Surname:</b>	<b>Given Name:</b>	
<b>中文姓名:</b>	<b>Date of Birth:</b>	<b>Sex:</b>
<b>HKID No/BR No.:</b>		<b>Nationality:</b>
<b>Address:</b>		Recent Photograph
<b>Correspondence Address: (if different)</b>		
<b>Telephone</b>		
<b>Home:</b>	<b>Office:</b>	<b>Mobile:</b>
<b>Pager:</b>	<b>Fax:</b>	<b>E-mail:</b>
<b>Employment</b>		
<b>Employer:</b>		
<b>Position Held:</b>		
<b>For upgrade membership, please enclose photocopy of all supporting document.</b>		

I/We hereby apply to become a Member of the Society of Accredited Safety Auditor Limited and agree to abide to the Articles and Memorandum, Rules and Regulations of the Society if accepted. I/We certify that the information I/we have given are true and correct.

Signature: \_\_\_\_\_

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

Please enclose all copies of relevant document and an entrance fee HK\$100 and annual subscription of Company Member is HK\$1,000, Full Member is \$200 and Associate Member is \$150 payable to the "The Society of Accredited Safety Auditors Limited".

<i>For official use only</i>		
Grade Approved: Full Member / Associate Member / Company Member		
Approval given		
_____	_____	_____
Date	Secretary / EC Member	President / Vice President

*The Society is incorporated with limited liability*