

Hong Kong Institute of Real Estate and Land Management

Membership Application Form

Please fill in the information below in BLOCK LETTER

Member Information

Surname: Title: Mr / Ms / Mrs / Dr / Prof * Telephone Number: E-mail Address:		First Name:				
		Gender: Male / Female	Gender: Male / Female *		*delete where appropriate	
		Fax Number:	Fax Number:			
		Birthday (Day and Mont	th only): _	Day Month		
	ddress:					
Company:		Job Title:				
	mic/Professional Qualific					
(in reverse	chronological order; or you can att	ach a C.V. or provide information of	n a separa	ate sheet)		
Year	School/College/University or T	raining Organization Attended	(Degree	Qualification Ob /Certificate/Diplo	tained ma & major in)	
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