

Member Contact Details

Date : _____

Name : _____
First Name Middle Name Last NameTitle : Dr Mr Mrs Miss Ms ID/Passport No. : _____ Date of Birth : _____
(dd-mmm-yy)Are you currently a CFA Institute member? Yes No Candidate/Member No.: _____Have you been a member of a CFA Institute Society/Chapter ? Yes No

If yes, please specify : Society Name : _____ From _____ To _____

Signature : _____

MAILING INFORMATION

Preferred Mailing Address : Company HomePreferred Email Address : Company Home

Company

Company Name _____

Company Address _____

Company Telephone _____ Company Fax _____

Company E-mail Address _____

Position at Current Employer _____

Home

Home Address _____

Home Telephone _____ Mobile Phone _____

Home E-mail Address _____ Home Fax _____

Thank you for completing this form. Please send us a scanned copy by email at member@cfahk.org, or by post at CFA Society Hong Kong, 14/F, BOC Group Life Assurance Tower, 136 Des Voeux Road Central, Hong Kong.