

Application No.:

Approval No.:

A. About the Institute (學會簡介)

Hong Kong Institute of Utility Specialists (HKIUS) was established in 2002 as a non-profit making organization. It aims to promote and advance the knowledge and practice of underground utility services, and the creation and maintenance of a high standard of professional qualification in utility surveying.

B. Additional Discipline(s) (額外範疇)

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| <p>A. Conduit Condition Evaluation (CCTV and ME Survey),
CCE(CCTV & ME) 管道狀況評價(排水)</p> <p>B. Manhole Internal Condition Survey,
MHICS 沙井狀況評價</p> <p>C. Utility Survey (Pipe Cable Locator Survey, PCL),
US(PCL) 管綫測量</p> <p>D. Water Leakage Detection and Control,
WLD 漏水監控</p> <p>E. Advanced Leakage Detection of Buried Water Carrying
Services Affecting Slopes,
BWCS 斜坡管道測漏</p> <p>F. Pipe Rehabilitation by Trenchless Technology,
PR 管綫維修(非開挖工程技術喉管修補)</p> <p>G. GPR (Ground Penetrating Radar) Survey,
GPR 管綫雷達探測</p> | <p>H. Flow Study in Drainage Conduit,
FLOW 流量監控</p> <p>I. Pipe Condition Surveys by other non-destructive method.
PCS 管道狀況評價</p> <p>J. Data Management for Utility Records,
DM 管綫資料管理</p> <p>K. Utility Management,
UM 管綫管理</p> <p>L. Project Management for Utility Industries,
PM 管綫項目管理</p> <p>M. Building Information Modeling,
BIM 建築資訊模擬 (基建)</p> <p>N. Infrared Scanning,
IRS 紅外線檢測</p> <p>O. Non-Destructive Testing,
NDT 非破壞性試驗</p> <p>P. Membership without Discipline, Others 其他</p> |
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Please enter your **EXISTING** discipline(s) here:

Please enter your **APPLIED ADDITIONAL** discipline(s) here:

C. Applicant's Particulars (申請人資料)

HKIUS Membership no. : _____

Full Name: (Prof/Dr/Ir/Mr/Mrs/Ms*) _____

Chinese Name: _____ HKID (Passport) No.: _____

Sex: _____ Age: _____ Date of Birth: DD MM YY _____

Mobile no.: _____ Tel (Home): _____

E-Mail: _____

Home Address: _____

Company Name: _____

Department: _____ Position: _____

Tel (Office): _____ Fax: _____

Company Address: _____

*I would like the association to send all correspondence to my HOME / BUSINESS * address.*

No. of HKIUS Individual Members (For Company Member Only)

Hon. Fellow Member : _____ Fellow Member : _____ Manager Member : _____

Operative Member : _____ Associate Member : _____ Affiliate Member : _____

* Delete or circle as appropriate

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D. Sponsor's Particulars (支持者資料)

1) Full Name: (Prof/Dr/Ir/Mr/Mrs/Ms*) _____

Chinese Name: _____ HKIUS membership No.: _____

Signature: _____ Date: _____

2) Full Name: (Prof/Dr/Ir/Mr/Mrs/Ms*) _____

Chinese Name: _____ HKIUS membership No.: _____

Signature: _____ Date: _____

* Delete or circle as appropriate

E. Academic Qualification(s) for applied discipline(s) and Dates (新增額外範疇的教育及專業資格)

Qualification(s) Obtained	School/Institution/University	Year

F. Training Details and Dates for applied discipline(s) (新增額外範疇的培訓紀錄)

Certificate(s) Obtained	School/Institution/University	Year

G. Other Professional Qualification(s) for applied discipline(s) (新增額外範疇的其他專業資格)

Professional Body	Grade of Membership	Division	Year of Election

H. Working Experiences for applied discipline(s) (新增額外範疇的工作經驗)

Organization	Position Held	Dates

I declare that the particulars given above are true and correct. (茲證明上述資料正確)

Applicant's Signature or Company Chop (for Company Member)
申請人簽署及公司蓋章 (只限公司會員)

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日期

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I. Submission (呈交)

Please send a crossed cheque (\$1,000.00 independent of number of discipline of application) payable to "Hong Kong Institute of Utility Specialists" photocopies of Academic Qualifications, Training Details, Professional Qualifications, if appropriate to **No. 175 Kam Tin Road, Kam Tin, Yuen Long, N.T.** or fax to **(852) 2618 4500**

For Official Use Only (只供內部使用)

Application Received by: (Name & Date) _____ Application Handled by: (Name & Date) _____

Result of Review:

Application reviewed by: (Name) _____ (Date) _____

Application Accepted by review: Yes/No Signature of Reviewer: _____

Additional Information required: Yes/No Details: _____

Interview Required: Yes/No Confirmed Date: (By Admin.) _____

Assessment required: Yes/No Confirmed Date: (By Admin.) _____

Result of Interview/Assessment:

Application accepted by Interview/Assessment: Yes/No Details: _____

Recommended Membership Type: _____ Disciplines: _____

Interviewer/Assessor: (Name) _____ Authorized Signature: _____ (Date) _____