



商業風險評估專業協會
The Institute of Crisis and Risk Management

Application for Membership

Membership Category Applied For

Membership Category Applied For:

*Fellowship of Certified Risk Planner (FCRP) / Certified Risk Planner (CRP)

*Full Member / Corporate Member / Student Member /

*Associate Member / Affiliate member of ICRM

**Please delete where inappropriate*

Personal Details

* Dr/Mr/Mrs/Miss

Name in English: _____ Name in Chinese: _____

(Lastname, Middle, Firstname)

Date of Birth: _____ HKID / Passport No.: _____

(DD/MM/YYYY)

Recent Photo

Education

Highest Qualification earned: _____

Graduation Year: _____ Awarding Body: _____

Correspondence Address

Home Address: _____ Business Address: _____

Telephone: _____ Telephone: _____

Fax: _____ Fax: _____

E-mail: _____ E-mail: _____

Professional Experience

Years as internal / external adviser: _____

Current Company: _____

Nature of Business: _____

Position: _____ Area of Specialization: _____

Summary of Professional Consulting / Specialization / Experience: _____

(Please use additional sheet, if necessary)

Membership of Other Professional Bodies (Full Name) : _____

Professional Record

A total of three years of risk and/or crisis or managerial experience or job-related (internal or external), or obtain a certificate of Certified Risk Planner given by the ICRM is needed to qualify for MICRM / CRP / FCRP status.

Please submit together with this application form your resume with include information about your career history, academic qualifications and experience.

Dates From To	Name of client & contact number	Role held (M, P or A)	Project Title / Description of work undertaken (that demonstrate your consultancy and / or management competency.

Photocopy and make additional sheets if needed

M: Managing a risk management and/or crisis project

P: Participating and leading the work in one part of the risk management and/a crisis project

A: Assisting in the project

Membership Fee Schedule

- Admission fee is due on application for membership
- Certification fee applies to applicants who wish to be admitted as a Certified Member
- Annual due is payable at the beginning of each graduation date
- Please refer to <Membership Category> via ICRM Website (www.icrmasia.com) for the latest fee

Note: Use of information –The information you provide to ICRM will be used for the purpose of administering enrolments and facilitating the execution of the programme. It may also use for the promotion of other ICRM functions and publications in future, if you do not want receive any our promotional materials in future. Please advise us in writing.

For Office Use Only	
Application No.: _____	
Membership: FICRM / FCRP / MICRM / CRP / Associate / Student / Affiliate	
Date form received: _____	Professional record verified: _____
Qualification verified : _____	
Panel Interview arranged: N/A _____ Yes _____ Outcome: _____	
Reference checked: _____	Code of conduct signed: _____
Application fee paid: _____	Payment reference No.: _____

Submission Checklist

1. Have you completed the application form?
2. Have you completed your professional record?
3. Have you attached a copy of your CV?
4. Have you signed the declaration?

Cancellation Policy

No refund will be made but substitution will be accepted. Please note that only complete applications will be reviewed by the Admission Committee.

The above-said information is correct. I agree to conform to the ICRM' s Professional Code of Conduct of ICRM.

Signed by Applicant: _____

Date : _____