

入會申請表 MEMBERSHIP APPLICATION FORM

- 會員類別 (請選一) 榮譽會員 Honor Member 特邀會員 Special Invited Member
Types of Membership 準會員 Prospective Member 普通會員 Regular Member
(Please choose one) 學生會員 Student Member

申請人資料 APPLICANT INFORMATION			
中文姓名: Chinese Name:	英文姓名: English Name:	性別: Sex:	相片 PHOTO
身份證 / 護照號碼: I.D./Passport No.:	出生日期及地點: Date & Place of Birth:		
國籍: Nationality:	電郵: E-Mail:		
通訊地址: Address:			
聯絡電話: Telephone:	流動電話: Mobile:	傳真: Fax:	
教育背景 EDUCATION BACKGROUND			
由 From	至 To	高等院校 / 大學及其學系名稱 Name of College / University, Faculty / Department	文憑 / 學位* Certification / Degree Achieved
*在提交申請表時, 請附上文憑 / 學位證明 Please provide copies of certificate / degree achieved qualification			
由 From	至 To	中學名稱 Name of Secondary School	

申請學生會員須填寫以下資料 APPLICATION FOR STUDENT MEMBERSHIP MUST FILL OUT THIS SECTION		
就學學校名稱: Name of Institution:	主修科目: Major:	年級: 至 Attendance Years: To

申請普通會員及準會員須填寫以下資料
APPLICATION FOR REGULAR OR PROSPECTIVE MEMBERSHIP MUST FILL OUT THIS SECTION

現職機構: Current Employer:		職務: Occupation:
由 From	至 To	職位 Position held
		職務性質 Job Description

專業訓練 / 專業註冊 PROFESSIONAL TRAINING / REGISTRATION

由 From	至 To	專業訓練/註冊 Types of Training / Registration	機構名稱及地點 Name of Organization and Location

所屬其他學會會員 MEMBERSHIP WITH OTHER INSTITUTIONS

是 否 屬其他專業學會會員，如已加入，請在下列註明;
 YES NO Are you a member of other institutions? If yes, please indicate;

學會名稱 Name of Institute	會員類別 Class of Membership	入會日期 Date Joined

聲明 Declaration of Information

本人所提供之上述資料全部屬實 I hereby verify that the above statements are true and complete.

申請人姓名: Name:	簽名: Signature:	日期: Date:

備註 Remarks:

- 普通會員:** 凡具有城市規劃類之學士學位或以上之學位（或具備同等資格），並具有兩年從事城市規劃工作經驗(對於修讀學士以上學位課程之時間可等同於從事城市規劃工作經驗時間)或大專畢業生從事城市規劃工作五年或以上者，且持有澳門永久居民身份人士，均可提出書面的申請，經兩位會員介紹和理事會審核及通過。
- Regular Member:** Any Macau permanent resident who possesses a Bachelor or above degree in urban planning or with equivalent qualification and two (2) years of urban planning work experience or a college degree in urban planning with five (5) years of urban planning work experience is eligible for a Regular Member membership. She/he must be recommended by two (2) MUPI existing members and membership eligibility shall be reviewed and approved by Board of Directors.
- 學生會員:** 凡年滿十六歲或以上，持有澳門居留權，正修讀城市規劃類之學士學位或以上之學位課程（於本地或外地大專院校），在已完成首年課程，並繼續修讀餘下課程的人士，均可提出書面的申請(申請時須附上首年課程之學業成績單)，經兩位會員介紹和理事會審核及通過。
- Student Member:** Any Macau resident who is or above the age of sixteen (16) and has completed the first year of Bachelor's degree or above in urban planning (domestic or international) is eligible for a Student Member membership (proofs of completed urban planning courses of the first year must be provided along with this application form). She/he must be recommended by two (2) MUPI existing members and membership eligibility shall be reviewed and approved by Board of Directors.
- 準會員:** 學生會員在完成城市規劃類之學士學位課程，須向本會提交學位證書副本，經理事會審核及通過，便可成為準會員。
- Prospective Member:** Student member who has completed a Bachelor's degree or above in urban planning is eligible to convert membership to Regular membership. Member must provide a copy of certification along with this application form and the Board of Directors must review and approve his/her application before a Regular Membership is granted.
- 會費:** 新會員入會費為澳門幣 500 元，年費為每年澳門幣 500 元，年費請於每年度第一季繳付。
- Fee:** New member application fee is MOP500 and the annual membership fee is MOP500. Please pay the membership fee in the first season of the year.

以下由推薦人填寫**FOR RECOMMENDING MEMBER ONLY**

由於與申請人之個人認識，及參考他 / 她所提供之資料，現推薦他 / 她 進入本會
I / we the undersigned, who have personal knowledge and have studied the work of the applicant and now recommending her/him to become a member of our institute.

會員類別:**Class of Membership:****第一推薦人姓名:****Name of 1st****Recommending member:****簽名:****Signature:****聯絡電話:****Contact****number:****第二推薦人姓名:****Name of 2nd****Recommending member:****簽名:****Signature:****聯絡電話:****Contact****number:****收件人:****Recipient:****收件日期:****Date Received:****審批日期:****Approved Date:****此欄 為本會專用 FOR STAFF ONLY****建議:****Recommendation:****會員證號碼:****Membership No.:****會費:****Membership Fee:****理事長:****Board President:****秘書長:****Secretary General:****日期:****Date:**