



THE HONG KONG TRANSLATION SOCIETY
Membership Application

A. Personal Particulars

Family Name: _____ Given Name(s): _____

Name in Chinese: _____ Title: Prof./Dr./Mr./Mrs./Miss./Ms.* _____

Nationality: _____ Date and Place of Birth: _____

Sex: _____ Marital Status: _____

Tel: (office) _____ (home) _____

Fax: _____ E-mail Address: _____

Correspondence Address: _____

B. Working Experience

<i>Period</i>	<i>Name of Employer</i>	<i>Job Title</i>	<i>Job Nature</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Educational Qualifications

<i>Year</i>	<i>Qualification</i>	<i>Awarding Institution</i>	<i>Area(s) of study</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Publication and Research

<i>Year</i>	<i>Title of Publication & Publisher/Research & Funding Body</i>
_____	_____
_____	_____
_____	_____
_____	_____

E. Professional Experience



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Name: _____ (Cont'd)

Translation: Years of Experience: (Full-time) _____ (Part-time/Free-lance) _____

Major Institutions Served: _____

Major Field(s)/Text-type(s): _____

Languages and Directions Involved: _____

Interpretation: Years of Experience: (Full-time) _____ (Part-time/Free-lance) _____

Major Institutions Served: _____

Specialization: Simultaneous/Consecutive/Both* Major Field(s): _____

Languages and Directions Involved: _____

Other Titles and Membership Held:

<i>Year(s)</i>	<i>Title/Membership</i>	<i>Awarding Institution</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Language Ability

Languages you master adequately well within the following scopes:

<i>Speaking</i>	<i>Reading/ Writing</i>	<i>Translating/Interpreting</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

G. Hobbies/Interests

* Delete where appropriate

FOR OFFICE USE ONLY

Date of Receipt: _____ Committee Decision: Approved/Rejected * on: _____

Type of Membership Awarded: Associate/Ordinary/Student/Life/Fellow/Honorary* _____

Remarks: _____
