



5 December 2024

Dear Members,

2025 MEMBERSHIP RENEWAL

BENEFITS OF MEMBERSHIP

ITP Membership helps you get the recognition with the training profession and gives you opportunities to join our regular events and activities in enhancing your professional development. You are welcome to refer other training/HR professionals to connect us as ITP members.

MEMBERSHIP FEE

MEMBERSHIP RENEWAL

In view of the unfavourable local economic environment, ITP would like to announce that:

- For members who have paid their fees for 2024, their membership fees for 2025 will be fully waived.
- For unpaid member or new applicant, the 2025 fee will be halved. Please enclose a cheque for the appropriate fee, payable to “**Institute of Training Professionals**” together with the completed slip. Alternatively, you may bank in to our account with the **Bank of East Asia** No.132-40-05224-0 and email us copy of the bank-in slip and the Renewal / Updating Slip. Unpaid Members can reinstate through this renewal and enjoy their membership status and entitlements forthwith.

HALF-ANNUAL FEE SCHEDULE as below: * *Professional Designation*

Fellow	* FITP	\$300	\$150	Affiliate	\$100	\$50
Member	* MITP	\$200	\$100	Retired / Student Member	Free	
Associate	*AMITP	\$150	\$75			

Note: Associate Members with 5 full years of membership are eligible for upgrading to **Full Member** status by paying the specified annual fee of a Member.

UPDATING PERSONAL INFORMATION

You can fill in and email us the Renewal / Updating slip if there are any updates of your personal particulars.

We wish you ***A Promising and Productive Year of 2025!***

Sincerely,

Institute of Training Professionals

INSTITUTE OF TRAINING PROFESSIONALS 培訓專業學會

c/o Room 2212, Fortune Commercial Building, 362 Sha Tsui Road, Tuen Wan, Hong Kong

Tel: 2811 9923 Website: www.itp.org.hk Email: info@itp.org.hk

Facebook: www.facebook.com/ITPHK

Linkedin: www.linkedin.com/in/instituteoftrainingprofessionals/

RENEWAL / UPDATING SLIP

PERSONAL PARTICULARS

Fields with an asterisk (*) must be filled.

* **Date:** _____

* Membership Grade	<input type="checkbox"/> FITP	<input type="checkbox"/> MITP	<input type="checkbox"/> AMITP	<input type="checkbox"/> Affiliate	<input type="checkbox"/> Retired / Student Member
* Name (Dr/Mr./Ms)			* Membership No.		
Company			Position		
Contact Address					
Telephone			Mobile Phone		
Email Address			* Signature		
Remarks, if any					

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