

December 28, 2016

Dear Colleague,

2017 MEMBERSHIP RENEWAL/UPDATING

BENEFITS OF MEMBERSHIP ITP Membership helps you get the recognition with the Professional Designation, gives you opportunities to join our regular Events and Activities at member's rate, such as the CPD visits, seminars, training programs, networking gatherings, mentoring programs, free advertising in our Website for consultant members, and our e-Newsletter ITP LINK. We also would like you to invite your friends and colleagues in the HR and Development fields to join our membership.

MEMBERSHIP RENEWAL Please enclose a cheque for the appropriate fee, payable to "**Institute of Training Professionals**" together with the completed slip before the end of January 2017. 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.

ANNUAL	FEE SCHED	ULE as below:	* Professional Designation			
Fellow	* FITP	\$300-	Affiliate	\$100-		
Member	* MITP	\$200-	Retired / Student Member	Free		
Associate	*AMITP	\$150-				

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.

At this festive season of the year, we wish you and your family A Very Happy New Year!

Sincerely,

Dr. Denny Chow, PhD, FITP, Chartered MCIPD, Certified Trainer

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General Manager ITP D/L: 6100 0123

INSTITUTE OF TRAINING PROFESSIONALS 培 訓 專 業 學 會

c/o Unit 171A, G/F, Orchid House, 169-173 Sai Yeung Choi Street North, Mongkok, Kowloon Tel: 3626 2015 Website: www.itp.org.hk Email: info@itp.org.hk

RENEWAL/UPDATING SLIP

PERSONAL PARTICULARS

Fields with an asterisk (*)	must be filled.	* Date:	

* Membership Grade	□ _{FITP}	□ _{MITP}	\Box AM	1ITP	☐ Affiliate	Retired / Student Member
* Name (Dr/Mr./Ms)				* Me	mbership No.	
Company				Posi	ition	
Contact Address						
Telephone				Mol	bile Phone	
Email Address				* Sig	nature	
Remarks, if any						

CORRESPONDENCE ADDRESS:

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