

Hong Kong Health Food Association

香港保健食品協會

ASSOCIATE MEMBER APPLICATION FORM 附屬會員入會申請表

Company Name / Personal Name (English)		公司名稱 / 個人姓名 (中文)	
Company Address 公司地址 / Personal Address 個人地址			
Tel. 電話	Fax 傳真	Company Website 公司網址 / Personal email 個人電郵	
Business Registration No. 商業登記號碼 (If applicable 如適用)		Years in Hong Kong 在香港的年資 (If applicable 如適用)	
Business Type 業務類別 (If applicable 如適用)			
1.			
<input type="checkbox"/> Retail 零售 <input type="checkbox"/> Wholesale 批發 <input type="checkbox"/> Manufacturer 生產 <input type="checkbox"/> Marketing 銷售 <input type="checkbox"/> Consultant 顧問			
<input type="checkbox"/> Others (Please specify) _____ 其他 (請註明) _____			
2. Product Type 產品類別 (If applicable 如適用)			
<input type="checkbox"/> Health Food 保健食品 <input type="checkbox"/> Chinese Medicine 中成藥 <input type="checkbox"/> Western Medicine 西藥 <input type="checkbox"/> Slimming Product 纖體產品			
<input type="checkbox"/> Others (Please specify) _____ 其他 (請註明) _____			

Company Representatives (Maximum of Two) 公司會員代表 (最多二位)

1	<input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Ms. 小姐 <input type="checkbox"/> Mrs. 女士	Name (English)	姓名 (中文)
	Position/title 職務		<input type="checkbox"/> I am interested in helping HKFHA 本人樂意參與協會工作
	Tel. 電話	Fax 傳真	E-mail 電郵
2	<input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Ms. 小姐 <input type="checkbox"/> Mrs. 女士	Name English	姓名 (中文)
	Position/title 職務		<input type="checkbox"/> I am interested in helping HKFHA 本人樂意參與協會工作
	Tel. 電話	Fax 傳真	E-mail 電郵

Please write a crossed check payable to : "The Hong Kong Health Food Association Limited"
請寫劃線支票抬頭人：『香港保健食品協會有限公司』

We enclose 1 Year Membership subscription & Entrance fee (one time only) Total Amount
茲附上 一年 會費 HK\$3,000 + 入會費(一次性收費) HK\$1,000 = 總數合共 HK\$4,000*

Check no. 支票號碼 _____ Name of Bank 銀行名稱 _____

* Please note entrance fee and annual fee are non-refundable. 繳交之的入會費及年費不能退款

Declaration: We/ I agree to abide by HKHFA Memorandum & Articles of the Association and permit HKHFA to announce our/ my membership. 聲明：本公司/機構/本人同意遵守協會章程，並容許協會公告會籍。

Applicant signature with company seal 公司代表人簽署及蓋章 / Personal Signature 個人署名 Date 日期

Application Information 申請須知

Applicant Qualifications 申請資格：

- Individuals, companies or organizations, who are dealing in health food products or services outside the Hong Kong, are eligible to apply for Associate Membership.
- Individuals, companies or organizations, who are dealing in related health products or services, are eligible to apply for Associate Membership.
- 凡在香港以外從事與保健康食品或服務之個人、公司、機構等均可申請為附屬會員。
- 凡從事與健康相關連的產品或服務之個人、公司、機構等均可申請為附屬會員。

Associate Members shall not have voting rights and shall not be eligible for election to become a member of the Council. Benefits of Associate Member are subject to the discretion of the Association.

附屬會員沒有選舉權及被選權。附屬會員可享有的權益香港保健食品協會有絕對決定權。

Annual Fee is counted from the month of application approval 全年會費由批准入會當月起計算

	Entrance Fee 入會費	Annual Subscription 年費
Associate Member	HK\$1,000	HK\$3,000
附屬會員	港幣1,000元	港幣3,000元

Documents to be sent with the application 遞申請表時需附交文件：

- Association Member: 1. A photocopy of the business registration 商業登記證副本
附屬會員 2. Business card of the company representatives 公司代表的個人名片

Acceptance of membership application shall be at the sole discretion of the Association.

本會有最終權力決定接受或拒絕新會員的申請會籍。

Please mail the completed application form, company materials & payment to the following post office box:

請將填妥之表格連同有關的公司資料及劃線支票寄回以下郵政信箱：

The Hong Kong Health Food Association Ltd.	香港保健食品協會有限公司
P.O. Box 47131, Morrison Hill Post Office	香港灣仔摩理臣郵政局信箱47131號
Wan Chai, Hong Kong	