

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)	
<p>1. Business Type 業務類別 (If applicable 如適用)</p> <p> <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) _____ </p> <p>2. Product Type 產品類別 (If applicable 如適用)</p> <p> <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) _____ </p>			
Company Representatives (Total of Two)		公司會員代表 (合共二位)	
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 issue 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 / 1/2 Year Membership subscription & Entrance fee (one time only) Total Amount

茲附上 一/半年 會費 HK\$5,800 / \$4,050* + 入會費 (一次性收費) HK\$1,500 = 總數合共 HK\$7,300 / \$5,550*

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

* Please delete as appropriate. 請刪去不適用的

* Please note entrance fee and annual fee are non-refundable. 繳交之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 全年會費：

Associate Member 附屬會員	Entrance Fee 會員入會費	Subscription Fee 會員會費
Application approval month between April and September 批准入會月份為4月至9月間 The annual subscription ends on 31 March of the next calendar year 年費由批准入會當月起計算至翌年3月31日	HK\$1,500 港幣1,500元	HK\$5,800 港幣5,800元
Application approval month between October and March 批准入會月份為10月至3月間 The annual subscription ends on 31 March of the next/ same calendar year 年費由批准入會當月起計算至翌年/ 同年3月31日	HK\$1,500 港幣1,500元	HK\$4,050 港幣4,050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

Application Evaluation: The application may take up to 4 weeks to process. Acceptance of new members shall be at the sole discretion of the Association.

審核申請：本會有最終權力決定接受或拒絕新會員的申請會籍，審核需時約四星期。

Please mail the completed application form, company materials & payment to the following address:

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地址：

The Hong Kong Health Food Association Ltd. 香港保健食品協會有限公司
P.O. Box 90674 TSIM SHA TSUI POST OFFICE 尖沙咀郵政局郵箱90674號

For Internal use only

Date of Admission: _____ Resolved by Council: _____