

Hong Kong Health Food Association

香港保健食品協會

ORDINARY MEMBER APPLICATION FORM

普通會員入會申請表

| | | |
|-----------------------------------|--------|---|
| Company Name in English 公司中文名稱 | | |
| Company Address 公司地址 | | |
| Tel. 電話 | Fax 傳真 | Company Website 公司網址 |
| Business Registration No. 商業登記號碼 | | No. of Years of Business in HK 於香港營業年資 |

1. Business Type 業務類別

- Retail 零售 Wholesale 批發 Manufacturer 生產 Marketing 銷售 Consultant 顧問

2. Product Type 產品類別

- Health Food 保健食品 Chinese Medicine 中成藥 Western Medicine 西藥 Slimming Product 纖體產品

- Others (Please specify) _____ 其他 (請註明) _____

3. Please List Your Top 5 Brands in descending order 請依次序列出貴公司最暢銷的 5 個品牌

Company Representatives (Total of Three) 公司會員代表 (合共 3 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 |
| 3 | <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 payable to : “The Hong Kong Health Food Association Limited”

請填寫劃線支票抬頭人：『香港保健食品協會有限公司』

We enclose Membership subscription & Entrance fee (one time only) Total Amount
茲附上 會費 HK\$4,800 / \$3,550* + 入會費 (一次性收費) HK\$1,500 = 總數合共 HK\$6,300 / \$5,050*

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 be informed that the entrance fee and membership subscription fee are non-refundable. 已繳交之入會費及年費將不獲退款

Declaration: We agree to abide by HKHFA Memorandum & Articles of the Association as well as the Practice Guideline, and permit HKHFA to announce our membership.

聲明：本公司/機構同意遵守協會章程及營商守則，並容許協會公告會籍。

Applicant signature with company seal 公司代表人署名及加蓋公章

Date 日期

Application Information 申請須知

Applicant Qualifications 申請會員資格：

Business enterprises or organizations, which are involved in the health food business, are eligible to apply for Ordinary Membership. 凡從事與健康食品有關之公司或企業、工商機構等可申請為普通會員。

Annual Fee 全年會費

| Ordinary Member 普通會員 | 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\$4,800 港幣 4,800 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\$3,550 港幣 3,550 元 |

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

1. A photocopy of the business registration 商業登記證副本
2. Business card of the three company representatives 三位公司代表的個人名片
3. Original copy of signed & stamped Practice Guideline 經簽署及蓋章營商守則原本

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: _____