

Hong Kong Health Food Association 香港保健食品協會

ORDINARY MEMBER APPLICATION 普通會員入會申請表

Company Name / Personal Name (English)		公司名稱 / 個人姓名 (中文)	
Company Address 公司地址			
Tel. 電話	Fax 傳真	Company Website 公司網址	
Business Registration No. 商業登記號碼 (If applicable 如適用)		Years in Hong Kong 在香港的年資	
Referral Member Company (Current Ordinary Member or Associate Member) 推薦會員公司 (現任普通會員或附屬會員)			
1. Business Type 業務類別 (Multiple options可選多項) <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"/> Testing and Certification 檢測 / 認證 <input type="checkbox"/> Transport & Logistics 運輸物流 <input type="checkbox"/> Others (Please specify) _____ 其他 (請註明) _____			
2. Product Type 產品類別 (Multiple options可選多項) <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"/> Beauty Product 美容產品 <input type="checkbox"/> Others (Please specify) _____ 其他 (請註明) _____			

Company Representatives 公司會員代表			
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 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 hereby enclose:

Ordinary Membership: Membership subscription & Entrance fee (one time only) Total Amount

茲附上普通會員會費 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 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 公司代表簽署及蓋章

Date 日期

Referral member signature with company seal 推薦會員公司簽署及蓋章

Date 日期

Application Information 申請須知

Qualifications of Ordinary Member Applicant 普通會員申請資格：

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。

Ordinary Member Subscription Fee 普通會員會費：

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: _____

Member No: _____