Hong Kong Health Food Association		
	香港保	健食品協會
STUDENT MEMBER APPLICATION FORM 學生會員入會申請表		
Student Member Particulars 學生會員資料		
Applicant's Name English		申請人姓名中文
Applicant's Address English		
Phone Number	Fax Number	Email Address
Name and Address of the Attending Institution		tion Program Studying Bachelor Degree or Above High Diploma High Certificate Others (Please specify):
Name of Attending Courses		Major Subject
Signature of the Applicant		Date
Name and Title of the Supervisor		Signature of the Supervisor Date

## **Application Information**

## Terms & Conditions

Individual who is a full-time student studying high diploma or above nutrition or related courses in an accredited post-secondary education institute in Hong Kong is eligible to apply for Student Membership. Membership is counted by academic year and can be renewed with payment for the ensuing academic year.

Student Member shall not have voting rights. The benefits are at the discretion of the Association. The membership fee shall subject to change without prior notice. The acceptance of new Member shall be at the sole discretion of the Association.

To apply: (1) Complete the application form, (2) Prepare a HK\$200 crossed check (one year's subscription) made payable to "The Hong Kong Health Food Association Limited", (3) Mail (1) and (2) together with a photocopy of your valid student I.D. card to the following postal address:

The Hong Kong Health Food Association Ltd., P.O. Box 90674 TSIM SHA TSUI POST OFFICE / membership@hkhfa.org.