

Hong Kong Health Food Association

香港保健食品協會

ASSOCIATE MEMBER APPLICATION 附屬會員入會申請表

Company Name (English)		公司名稱 (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, with 2 years or more membership) 推薦會員公司 (現任普通會員或附屬會員, 會員資格滿兩年或以上)			
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 營銷 <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"/> Western Health Food 西式保健食品 <input type="checkbox"/> Chinese Health food 中式保健食品			
<input type="checkbox"/> Product or Brand Name 產品或品牌名稱: _____			

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		
	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			
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			
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:

Associate Membership: Membership subscription & Entrance fee (one time only)

Total Amount

茲附上附屬會員會費 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

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 Associate Member Applicant Qualifications 附屬會員申請資格：

- Companies or organizations, who are dealing in health food products or services outside Hong Kong, are eligible to apply for Associate Membership. 凡在香港以外從事與保健食品或服務之公司、機構等均可申請為附屬會員。
- Companies or organizations, who are dealing in related health products or services in Hong Kong, are eligible to apply for Associate Membership. 凡於香港從事與健康相關連的產品或服務之公司、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絕對決定權。

Membership Terms and Conditions 會員條款及細則：

- New member applications must be referred to by a current Ordinary or Associate Member, with 2 years or more of membership. 新會員申請必須由現有正式會員或附屬會員推薦，且會員資格必須滿2年或以上。
- New member applications must be approved by the current Council. 新會員入會申請需由當屆理事會通過。
- The Association reserves the final decision to accept or reject a new member's application. 本會對接受或拒絕新會員的會籍申請有最終決定權。
- The Association will conduct a background check on the applicant company. 本會會對申請入會的公司進行背景審查。
- The Applicant should provide the company address of the operation site. The address of a secretarial company is not acceptable. An on-site visit will be conducted if necessary. 公司地址必須提供實體營運地點，不接受以秘書公司地址作登記，如有需要，將安排實地探訪。
- For the business type is Manufacturers, the Applicant should provide documents proving the legitimate factory or provide relevant certificates for production (e.g. GMP, ISO, etc.). 如申請公司為“製造商”，必須提供合法工廠證明文件，或出示相關生產認證（如GMP、ISO等）。
- For the business type is Retail, Wholesale, or Marketing, the Applicant should provide supporting documents for Brand product sales, and proving the Brand product is officially sold in the market. 如申請公司為“零售”、“批發”或“營銷”，必須提供品牌產品銷售證明，以證明其品牌產品已於市場正式銷售。
- The Applicant should provide the actual product, product information, sales channels, and relevant information, as references of the products which currently being sold in the market. 申請公司需提供真實產品、產品資料、銷售渠道與相關證明，作為產品目前在市場銷售的參考依據。
- The Association will conduct an industry reputation check on applicant companies. If the applicant has been involved in any disputes or violations, the application will be rejected. 本會會對申請公司進行行業聲譽調查，如曾涉及爭議或違規行為，會拒絕其申請。
- The Association may arrange a representative to visit the applicant's company to ensure the authenticity and compliance of the operations. 本會可安排代表親身探訪申請公司，以確保其營運真實性與合規性。

Associate Member Subscription Fee 附屬會員會費：

Associate Member 附屬會員	Entrance Fee 會員入會費	Subscription Fee 會員會費
Application month between April and August 申請入會月份為4月至8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 month between September and March 申請入會月份為9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：

1. A photocopy of the business registration 商業登記證副本
2. Business card of the company representatives 公司代表的個人名片
3. Cross Check payable to The Hong Kong Health Food Association Limited. 劃線支票並寫上香港保健食品協會有限公司

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。

For an unsuccessful application, the Entrance Fee is not refundable. 如申請不成功，會員入會費將不獲退回。

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: _____