

Application Form – Corporate Member

(For office use) Membership No . : _____

*Name of Company : _____

*Industry & Type of Business : _____

*Address : _____

*Contact Tel and Email : _____

Note : *Please state **CLEARLY** for the purpose of information dissemination.

Is your company director interested in becoming the honorary advisor of our association? YES / NO

**First Contact Representative* (Remarks : _____)

<input type="checkbox"/> *Name (English) :		Title : <input type="checkbox"/> Prof./ <input type="checkbox"/> Dr./ <input type="checkbox"/> Mr./ <input type="checkbox"/> Mrs./ <input type="checkbox"/> Ms./ _____
<input type="checkbox"/> *Name (Chinese) :	<input type="checkbox"/> *Position :	
	<input type="checkbox"/> *Department :	
<input type="checkbox"/> *Telephone (Office) :	<input type="checkbox"/> *Fax :	
<input type="checkbox"/> *Email :		

**Second Contact Representative* (Remarks : _____)

<input type="checkbox"/> *Name (English) :		Title : <input type="checkbox"/> Prof./ <input type="checkbox"/> Dr./ <input type="checkbox"/> Mr./ <input type="checkbox"/> Mrs./ <input type="checkbox"/> Ms./ _____
<input type="checkbox"/> Name (Chinese) :	<input type="checkbox"/> Position :	
	<input type="checkbox"/> Department :	
<input type="checkbox"/> *Telephone (Office) :	<input type="checkbox"/> Fax :	
<input type="checkbox"/> *Email :		

**Third Contact Representative* (Remarks : _____)

<input type="checkbox"/> *Name (English) :		Title : <input type="checkbox"/> Prof./ <input type="checkbox"/> Dr./ <input type="checkbox"/> Mr./ <input type="checkbox"/> Mrs./ <input type="checkbox"/> Ms./ _____
<input type="checkbox"/> Name (Chinese) :	<input type="checkbox"/> Position :	
	<input type="checkbox"/> Department :	
<input type="checkbox"/> *Telephone (Office) :	<input type="checkbox"/> Fax :	
<input type="checkbox"/> *Email :		

Signature : _____ Name : _____ Date : _____