

## 香港孕嬰童業協會有限公司

Hong Kong Children, Babies, Maternity Industries Association Limited

### 公司會員申請表 Corporate Membership Application Form

公司名稱 (中文) : \_\_\_\_\_

Company Name (ENG) : \_\_\_\_\_

茲願遵照 貴會章程加入為公司會員。

We are willing to join as the **Corporate Member** in accordance with the articles of Association.

本公司經由介紹人 (如適用) \_\_\_\_\_ 推薦加入香港孕嬰童業協會。

Our Company is recommended by \_\_\_\_\_ (if applicable) to join your Association.

#### 會員類別及入會要求 Membership Types and Requirements :

**公司會員 Company Member**

一次性繳交相關會費及凡商號/公司持有香港商業登記證，並在香港從事孕嬰童產品或服務的行業及從事貿易或提供專業服務。備註：持有香港商業登記證之公司會員，均享有投票權利。

Those who pay the relevant membership fees at one time and trade name/the company with the Hong Kong Business Registration License that engaged in children, babies, maternity products or service industry, trading in Hong Kong or provide special services. *Note: Corporate Member who possess a Hong Kong Business Registration is entitled for voting.*

**大中華/海外公司會員 Greater China/Overseas Company Member**

一次性繳交相關會費及凡商號/公司持有國內營業執照或海外政府認可的營業執照，並從事孕嬰童產品或服務的行業及從事貿易或提供專業服務。備註：大中華/海外公司會員均不會享有投票權利。

Those who pay the relevant membership fees at one time and trade name/the company, who hold the domestic business license or business certificate approved by the Government that engaged in children, babies, maternity products or service industry and trade or provide special services. *Note: Greater China/Overseas Company members shall not have voting right.*

#### 會費 Membership Fee (第三屆 3<sup>rd</sup> Session 2021-2022) :

公司會員 港幣一千五百港元正 (可推薦 3 位個人會員)  
Corporate Member: HKD One Thousand Five Hundred Only (three members can be recommended)

大中華/海外會員 港幣一千五百港元正 (可推薦 3 位個人會員)  
Overseas Member : HKD One Thousand Five Hundred Only (three members can be recommended)

會董 Director : 港幣一萬港元正  
HKD Ten Thousand Only

副會長 Vice President : 港幣二萬五千港元正  
HKD Twenty-five Thousand Only

會長 President : 港幣五萬港元正  
Fifty Thousand Only

**公司資料 Company Information :****(請填妥中、英文資料 Must fill in Chinese and English)**

公司名稱 : \_\_\_\_\_

Company Name : \_\_\_\_\_

公司地址 : \_\_\_\_\_

Company Address : \_\_\_\_\_

通訊地址 : \_\_\_\_\_

(如與上述地址不同)

Mailing Address : \_\_\_\_\_

(If different with above)

電話 Telephone : \_\_\_\_\_ 傳真 Fax : \_\_\_\_\_

電郵 E-mail : \_\_\_\_\_ 網站 Website : \_\_\_\_\_

代表人姓名 : \_\_\_\_\_ Representative's Name : \_\_\_\_\_

職位 : \_\_\_\_\_ Position : \_\_\_\_\_

商業登記證號碼 BR No./營業執照編號 Business License No : \_\_\_\_\_

被推薦人 Recommended Person(s) :

1. 姓名(中文) : \_\_\_\_\_ Name (ENG) : \_\_\_\_\_

職位 Position : \_\_\_\_\_ 電郵 E-mail : \_\_\_\_\_

電話 Telephone : \_\_\_\_\_ 手提 Mobile : \_\_\_\_\_

2. 姓名(中文) : \_\_\_\_\_ Name (ENG) : \_\_\_\_\_

職位 Position : \_\_\_\_\_ 電郵 E-mail : \_\_\_\_\_

電話 Telephone : \_\_\_\_\_ 手提 Mobile : \_\_\_\_\_

3. 姓名(中文) : \_\_\_\_\_ Name (ENG) : \_\_\_\_\_

職位 Position : \_\_\_\_\_ 電郵 E-mail : \_\_\_\_\_

電話 Telephone : \_\_\_\_\_ 手提 Mobile : \_\_\_\_\_

業務性質 Nature of Business :

 製造商 Manufacturer 批發商 Wholesaler 零售商 Retailer 代理商或分銷商 Agent or Distributor 專業服務 Professional Service 出入口商 Importer & Exporter 其他 Others : \_\_\_\_\_

主要市場 Main Market : \_\_\_\_\_

行業分類 : \_\_\_\_\_

(如: 製衣、玩具、日用品等)

Product Category : \_\_\_\_\_

(e.g.: Garment, Toys, etc.)

願意接收本會透過電郵或手提發放的推廣通訊。

Would your Company like to receive the promotion/communication released by e-mail or mobile from us?

願意 Yes

不願意 No

本公司願意同時加入 HKCBMIA 關聯協會「大灣區健康產業(香港)協會」(不設付加費用)。

Would your Company like to join the HKCBMIA affiliated association "Greater Bay Area Health Industries (Hong Kong) Association" at the same time (no additional fees will be charged)?

願意 Yes

不願意 No

### 申請手續及審批 For Application and Approval :

請填妥入會申請表格，並連同 1. 公司商業登記副本或營業執照副本、2. 公司名片、3. 公司簡介或相關的產品單張以及 4. 適當會費之支票（抬頭：香港孕嬰童業協會有限公司），寄回本會辦事處（地址：香港九龍長沙灣道 788 號羅氏商業廣場面 30 樓 01 室；香港孕嬰童業協會秘書處收）；傳真及電郵申請恕不接受。而所有入會申請表須經會董會審批，入會申請如不獲接納，會費將發還申請人，本會保留最終決定權。

Please fill in the application form together with 1. BR copy or Business License copy; 2. Company Name Card; 3. Company profile or relevant product leaflet; and 4. cheque with appropriate fee (Payable: Hong Kong Children, Babies, Maternity Industries Association Limited) by post to this Association office (Address: Unit 01, 30/F, Laws Commercial Plaza, 788 Cheung Sha Wan Road, Kowloon; Att: HKCBMIA Secretariat); fax and e-mail application will not be accepted. All membership application must be approved by the Board of Directors of the Association, the membership fee will be returned to the applicant if the membership is not accepted, this Association will retain the final decision-marking power.

### 聲名 Declaration :

本人現聲明，就本人/公司所理解，此申請表中填寫的全部資料正確無誤的，並同意香港孕嬰童業協會有限公司參考及審閱本人/公司在此申請表中提供的一切資料。本人/公司明白若有錯誤或誤導性的資料，將有機會影響本人/公司之會員申請。本人/公司明白在以下欄目簽署即表示本人/公司接受香港孕嬰童業協會有限公司之會章。

I hereby declare that to the best of my/the Company's knowledge, all data filled in the application form are accurate, and I hereby agree Hong Kong Children, Babies, Maternity Industries Association Limited to consult and review all data provided by me/the Company in this application form. I/the Company if any incorrect or misleading data. I/the Company understand(s) that the signature in follow columns indicates that I/the Company accept(s) the Articles of Association of Hong Kong Children, Babies, Maternity Industries Association Limited.

簽署及蓋印

Signature and Seal : \_\_\_\_\_

簽署人姓名

Name of Signatory :

日期 Date :

### 本欄只供本會填寫 For Office use

批准成為本會會員，正式生效日期：

Approve to become this Association Member, and official effective date : \_\_\_\_\_

否決 Veto

會長簽署及蓋印

President's Signature and Seal : \_\_\_\_\_

日期

Date : \_\_\_\_\_