

Application for Corporate Affiliate

Attention: Secretary of Membership Committee

The Hong Kong Ergonomics Society

P.O. Box No. 89527,

Kowloon City Post Office

(Please type or print clearly)

For membership qualification, Constitutions, and Code of Professional Conduct, please visit

<http://www.ergonomics.org.hk>

CORPORATE PARTICULARS

Company Name

In English

In Chinese

Correspondence Address

Email Address

Tel

Fax

Joining Details (*Please delete as inappropriate)

Whole Company/Department/Division/Section/Unit*

PARTICULARS OF CONTACT PERSON

Name

Mr / Ms / Dr / Prof

(Last Name)

(Other Names)

(Chinese Name)

Correspondence Address

Email Address

Tel

Fax

Mobile

Pager

The information about your company/you collected by means of this form will be used for the purpose of processing your membership application. Your company/You have the right to request access to and correction of information about your company/you held by us. If your company/you wish to access or correct your particulars held by us, please e-mail webmaster@ergonomics.org.hk

*Please describe **corporate work in ergonomics** (research or application) at present and/or in the past in the space below: (add additional pages if necessary)*

REFEREES (Please provide details of two referees whom you have ascertained are prepared to act on behalf of your company/department/division/section/unit* and who are able to make informed comment on the ergonomics content of your company/department/division/section/unit*. The relationship between each referee and the company/department/division/section/unit* must be stated.)

1.	Name: Address: Email Address: Relationship:
2.	Name: Address: Email Address: Relationship:

TYPE OF MEMBERSHIP

Annual Subscription Fee is shown in brackets.

Corporate Affiliate (HKD 5,000)

Each company shall delegate 20 staff entitled to enjoy the benefits for an associate.

Please pay after receiving the approval of the application.

DECLARATIONS

I declare that the information given in this application is correct and complete to the best of my knowledge. If elected, I agree to abide by the Constitutions and Code of Professional Conduct of the Hong Kong Ergonomics Society.

Signature of contact person: _____

Date: _____

Company Chop: _____