



Application for Corporate Affiliate

Please send this application form and the supporting documents by either:

Post: P.O. Box No. 89527, Kowloon City Post Office, Hong Kong; or

Email: secretary@ergonomics.org.hk.

Attention: Membership Committee, The Hong Kong Ergonomics Society

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

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Tel

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Fax

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Joining Details

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

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Tel

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Fax

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Mobile

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Pager

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The information about your company/you collected by means of this form will be used for the purpose of processing your membership application. You 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 secretary@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)*

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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

- Corporate Affiliate (HKD 5,000)

Annual Subscription Fee is shown in brackets. Please pay after receiving the approval of the application. Each company shall delegate 20 staff entitled to enjoy the benefits for an associate.

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: _____