

Membership Application Form 會員申請表

Membership Category:

會籍類別

Corporate Members 公司會員

Membership Fee:

會費

HK\$50,000 per annum[#]

每年港幣\$50,000[#]

(Membership is valid for 1 year from the date of approval or membership fee received, whichever is later)

(會籍由申請獲批准或繳付會費當日起計，為期1年，以較後者為準)

[#] Membership fee applies only if the membership application is approved. All fees prepaid with the application will be refunded if it is rejected. Institute of Agarwood Limited may adjust the fee as necessary. Please refer to the Institute's website www.agarwood.hk for the most update information.

會籍申獲接納才需繳付會費，如會籍申請不獲批准，申請人所預付之費用將獲退還。會費或會費情況作出調整；詳情或最新資料請參閱本會網站 www.agarwood.hk。

Particulars of the Organization 公司資料

Name of Organization

機構名稱:

Business Registration No. / Company Registration No.

商業登記號碼 / 公司註冊號碼:

(Please provide copy of the document for verify)

(請提供有關文件副本以作核實)

Correspondence Address

通訊地址:

Contact No.

聯絡電話:

Fax No.

傳真號碼:

Email Address

電郵地址:

Particulars of Representatives 會員代表資料[†] (Please see note 請參閱附註)

The persons below will be the authorized representatives of the Corporate Member enjoying the corresponding benefits. Representatives cannot be changed without notifying the Museum. To effect any change of representatives, please notify us in writing at least 30 days in advance.

以下人士為公司會員之正式代表，獲授權享有各項會籍權益，會員代表不得隨意變更，公司會員如需更改代表人選，請於最少30日前以書面通知本博物館。

① Title稱謂: Mr. 先生 Mrs. 太太 Ms. 女士 Miss 小姐 Dr. 博士 Prof. 教授 Sex 性別: Male 男 Female 女

Name

英文姓名:

Name in Chinese

中文姓名:

Position

職位:

Contact No.

聯絡電話:

Email Address

電郵地址:

② Title稱謂: Mr. 先生 Mrs. 太太 Ms. 女士 Miss 小姐 Dr. 博士 Prof. 教授 Sex 性別: Male 男 Female 女

Name

英文姓名:

Name in Chinese

中文姓名:

Position

職位:

Contact No.

聯絡電話:

Email Address

電郵地址:

Remarks

備註:

We understand that my membership application shall be subject to the approval of the Institute of Agarwood Limited ("IOA"). IOA has the absolute discretion to approve or reject the said application without giving any reason therefor. IOA's decision is final in all circumstances. We and our representatives agree to, as a member, observe all Members' Rules and Regulations applicable to the members of IOA and we shall respect the rights of other members. We understand our membership may be terminated immediately for violating any rule under the Members' Rules and Regulations, depriving other members of their respective rights, misconducts or improper acts causing damage to the reputation of IOA, in which case, all unused fees paid for the membership shall be forfeited.

本機構明白本機構之會籍申請須經沉香學會有限公司（「沉香學會」）批核；沉香學會有權決定是否接納本機構之會籍申請，而毋須給予任何理由，一切最終結果以沉香學會決定為準。成為會員後，本機構及本機構之代表會遵守所有適用於「沉香學會」會員之會員守則，並尊重其他會員之權利；本機構明白若違反會員守則之任何條款、剝奪其他會員之合理權利，或作出任何不適當行為或對沉香學會聲譽造成損害，會籍可被即時取消，所繳會費將不獲發還。

- We hereby declare that the information given in this form is true and correct. We have read and agreed to be bound by the Members' Rules and Regulations of the members of Institute of Agarwood Limited published at the website www.agarwood.hk. (Applicants / members may request a printed copy of the said rules in writing to IOA, in which case applicants / members have to enclose a return envelope with sufficient postage.)
本機構聲明以上所述資料均屬真確無誤，並已細閱及同意沉香學會有限公司載於網站 www.agarwood.hk 之會員守則（申請人／會員亦可向沉香學會索取會員守則印刷本，若需印刷本，請以書面通知沉香學會，並提供已繳足郵費之回郵信封，以作安排）。
- We agree to receive updates and marketing information from the Institute of Agarwood Limited from time to time.
本機構願意接收沉香學會日後之宣傳推廣資料。

Signature of Organization with Company Chop _____ Date _____
申請機構簽名及蓋印: _____ 日期: _____

Name of Proposer / Nominator _____ Membership No. _____
推薦人／提名人姓名: _____ (會員編號: _____)

Contact No. _____ Email Address _____ Signature of Proposer / Nominator _____
聯絡電話: _____ 電郵地址: _____ 推薦人／提名人簽名: _____

Payment methods 會費支付方法

(Membership fee will be debited when the membership application is approved. 會費將於會籍成功批核後收取)

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|--|
| Please make crossed cheque payable to Institute of Agarwood Limited and send to 7/F, No.1 Ning Foo Street, Chai Wan, Hong Kong. (Please put down your name and contact no. at the back of the cheque) 請以劃線支票（抬頭為 沉香學會有限公司 ）寄往香港柴灣寧富街一號七字樓。（支票背面請寫上姓名及聯絡電話） | | | |
| Bank 銀行 | | Cheque No. 支票號碼 | |

Please return the completed form to: 7/F, No.1 Ning Foo Street, Chai Wan, Hong Kong
填妥表格後請寄回：香港柴灣寧富街一號七字樓

For any enquiries, please call 2896 9332. 如有任何查詢，請致電2896 9332。

† Note: Personal Data (Privacy) Ordinance: All information provided in this form will be used by IOA for membership matters and related activities. In addition, IOA may use the collected data for statistical research and analysis, and for keeping members informed of its news and services. The provision of personal data by means of this form is voluntary. However, insufficient information may result in rejection of this application. Applicants may access, correct or update their personal data kept by IOA in writing to the membership secretary of IOA.
附註 《個人資料（私隱）條例》：閣下在本表格所提供的資料將用作處理沉香學會的會籍事宜及有關活動之用。同時，沉香學會可把所收集的資料統計研究及分析，以及用以通知會員各項最新消息或服務。閣下在本表格所提供的個人資料，純屬自願，惟閣下若提供資料不足，可能導致閣下的申請被拒。申請人可查閱沉香學會有限公司所保存有關閣下的個人資料，以及要求修改或更新。如有需要，請以書面與沉香學會會籍秘書聯絡。

| For Official Use Only 此欄由本會填寫 | | | | | |
|-------------------------------|-------------------------|------------------------------------------------------------------------------|------------------------|------------------------------------|------------------------------------|
| Handled By 經手人 | Application No. 申請編號 | <input type="checkbox"/> Approved 批准 <input type="checkbox"/> Rejected 拒絕 | Membership No. 會員編號 | Date of Membership Start 會籍生效日期 | Date of Membership Expire 會籍到期日 |

沉香學會有限公司

香港柴灣寧富街一號七字樓

電話Telephone (852) 2896 9332

INSTITUTE OF AGARWOOD LIMITED

7/F, No.1 Ning Foo Street, Chai Wan, Hong Kong

網址Website www.agarwood.hk

傳真Facsimile (852) 2896 8875