

# eHealth Consortium

## Newsletter / Membership (Individuals) Subscription - Application Form



Yes, I wish to subscribe to the newsletter.

Yes, I wish to subscribe to the membership for Individuals.

Subscription fee: ~~HK\$100~~ Waived in 2011.

Please find below my details / attached my business card.

\* denotes required fields.

### Personal Particulars

Salutation\* Mr / Mrs / Miss / Ms / Dr / Prof / Other: (Pls specify)

Gender M / F

First Name\* Middle Name Last Name\* 中文姓名

### Contact Information

Email Address\* Phone  
Mobile Phone Fax

### Work Information

Organization\* Department\*  
Job Nature\* [ ] Healthcare [ ] I.T. [ ] Others: (Pls specify) Job Title\*

### Declaration

I hereby declare that information given in this application form is accurate and complete.

Applicant's Signature Date of Application

### About the eHealth Consortium Newsletter

1. The eHealth Consortium Newsletter is issued regularly, usually quarterly, and sent to the email address provided by the subscriber. The subscriber has the rights to unsubscribe anytime by making a written request to the eHealth Consortium Ltd.
2. Please add "info@ehealth.org.hk" and "newsletter@ehealth.org.hk" to the subscriber's address book to ensure the eHealth Consortium Newsletter would be delivered and avoid falling into the subscriber's bulk/junk/spam folders in the mailbox.

### About the eHealth Consortium Membership Scheme

1. Individual Members are entitled to various benefits. Please visit eHealth Consortium's official website at <http://www.ehealth.org.hk/membership.php> for details.
2. The Membership Scheme and Subscription Fees are subject to annual reviews by the Council of eHealth Consortium.
3. Corporate Members and NGO Members have full voting rights while Individual Members do not have voting rights.
4. The Consortium reserves the rights to amend the Membership Scheme. If there is any discrepancy between the Scheme's English and Chinese versions, the English version shall prevail.

### About the eHealth Consortium's Commitment in Compliance with the Personal Data (Privacy) Ordinance

1. Personal data will only be collected for the purpose of processing applications received and a directly related purposes
2. In general terms, the eHealth Consortium collects personal data for communication with its members, such as dissemination of news and announcements of the eHealth Consortium's activities.
3. Applicants/Subscribers have the rights to request access to the personal data and to request correction of the personal data. If an applicant/subscriber requires access to and correction of the personal data, he/she shall submit a written request to the eHealth Consortium Ltd.

\* Please return this form by email to [info@ehealth.org.hk](mailto:info@ehealth.org.hk), by fax to 3743 4422 or by post to "eHealth Consortium Limited, Room 1207C, 12/F, Block B, Hong Kong Industrial Centre, 489-491 Castle Peak Road, Lai Chi Kok, Kowloon, Hong Kong". \*

FORM-NAMS-V05 (w.e.f. 1 Jan 2011)

For Office Use Only Received by: Approved by: Approval Date: