

# eHealth Consortium

## Membership (Corporate) Subscription - Application Form



I/we wish to subscribe to the membership (Corporate) and the quarterly e-newsletter.

\* denotes required fields.

### Subscription Fee

Category	Subscription Fee	Maximum number of Representatives with Votes	Payment Method
<input type="checkbox"/> Platinum	HK\$5,000 per year	Five (5)	} <input type="checkbox"/> Cheque attached. <input type="checkbox"/> Payment to be made.
<input type="checkbox"/> Gold	HK\$3,000 per year	Three (3)	
<input type="checkbox"/> Silver	HK\$1,000 per year	One (1)	

### Applicant's Information

Company Name\* \_\_\_\_\_ 公司中文名稱 \_\_\_\_\_

Registered Address \_\_\_\_\_

Phone\* \_\_\_\_\_ Fax\* \_\_\_\_\_ Number of Employees \_\_\_\_\_

Business Registration No.\* \_\_\_\_\_  Copy attached.  Copy will be sent later.

Business Nature\*  Healthcare  I.T.  Others: (Pls specify) \_\_\_\_\_

Corporate Members have the opportunity to insert a 100-word description of the company, products and services in eHealth Consortium's Online Member Directory and in the Corporate Recognition page of eHealth Consortium's website. eHealth Consortium Limited reserves the right to edit all text.

Company Logo  Attached.  To be sent later. Website \_\_\_\_\_

Company Description (100 words max)  
.....  
.....  
.....  
.....  
.....

### Company In-Charge Administrative Contact

Salutation* Mr / Ms / Dr / Other: (Pls specify) _____	Salutation* Mr / Ms / Dr / Other: (Pls specify) _____
First Name* _____ Last Name* _____	First Name* _____ Last Name* _____
Rank* _____ Mobile _____	Rank* _____ Mobile _____
Phone* _____ Fax* _____	Phone* _____ Fax* _____
Email* _____	Email* _____

### Primary Representative (1)

Salutation* Mr / Ms / Dr / Other: (Pls specify) _____	Gender M / F _____	Name of Secretary _____
First Name* _____ Middle Name _____	Last Name* _____	Job Title* _____
Email* _____	Department* _____	
Phone* (Direct) _____ (Secretary) _____	Fax* (Direct) _____ (Secretary) _____	Mobile _____

P.T.O.

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

For Official Use Only	Received by: _____	Approved by: _____	Approval Date: _____
-----------------------	--------------------	--------------------	----------------------

**Representative (2)**

<b>Salutation*</b>	Mr / Ms / Dr / Other: (Pls specify)	<b>Gender</b>	M / F	<b>Name of Secretary</b>	_____
<b>First Name*</b>	_____	<b>Middle Name</b>	_____	<b>Last Name*</b>	_____
<b>Email*</b>	_____			<b>Department*</b>	_____
<b>Phone*</b>	(Direct) _____	(Secretary) _____	<b>Fax*</b>	(Direct) _____	(Secretary) _____
				<b>Mobile</b>	_____

**Representative (3)**

<b>Salutation*</b>	Mr / Ms / Dr / Other: (Pls specify)	<b>Gender</b>	M / F	<b>Name of Secretary</b>	_____
<b>First Name*</b>	_____	<b>Middle Name</b>	_____	<b>Last Name*</b>	_____
<b>Email*</b>	_____			<b>Department*</b>	_____
<b>Phone*</b>	(Direct) _____	(Secretary) _____	<b>Fax*</b>	(Direct) _____	(Secretary) _____
				<b>Mobile</b>	_____

**Representative (4)**

<b>Salutation*</b>	Mr / Ms / Dr / Other: (Pls specify)	<b>Gender</b>	M / F	<b>Name of Secretary</b>	_____
<b>First Name*</b>	_____	<b>Middle Name</b>	_____	<b>Last Name*</b>	_____
<b>Email*</b>	_____			<b>Department*</b>	_____
<b>Phone*</b>	(Direct) _____	(Secretary) _____	<b>Fax*</b>	(Direct) _____	(Secretary) _____
				<b>Mobile</b>	_____

**Representative (5)**

<b>Salutation*</b>	Mr / Ms / Dr / Other: (Pls specify)	<b>Gender</b>	M / F	<b>Name of Secretary</b>	_____
<b>First Name*</b>	_____	<b>Middle Name</b>	_____	<b>Last Name*</b>	_____
<b>Email*</b>	_____			<b>Department*</b>	_____
<b>Phone*</b>	(Direct) _____	(Secretary) _____	<b>Fax*</b>	(Direct) _____	(Secretary) _____
				<b>Mobile</b>	_____

*Please attach extra pages for Additional Representatives. Additional Representatives do not have voting rights.*

**Declaration**

I/We hereby declare that information given in this application form is, to the best of my/our knowledge, accurate and complete.

<b>Company Chop</b>	<b>Signature of Applicant's In-Charge</b>	<b>Signature of Applicant's Primary Representative</b>	<b>Date of Application</b>
_____	_____	_____	_____

**About the Newsletter      About the eHealth Consortium Membership Scheme**

- The eHealth Consortium Newsletter is issued 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.
- 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.
- Corporate, NGO and Individual Members are entitled to various benefits. Please refer to eHealth Consortium's official website at www.ehealth.org.hk for details.
- The inaugural Annual Membership Subscription has commenced on 1 Jan 2010, and memberships will usually take effect two to four weeks after the application has been approved and payment has been made. Nominations by existing members have been waived for the inaugural year of the Membership Scheme, and application will be reviewed by the Council (or by any of its committee or relevance). Rejected applications would receive full refunds.
- Subscription fees should be made with a crossed check payable to "eHealth Consortium Limited", posted to "eHealth Consortium Limited, Room 1207C, 12/F, Block B, Hong Kong Industrial Centre, 489-491 Castle Peak". The full name and phone number of the applicant should be written on the back of the check.
- Memberships will be renewed automatically at the beginning of each calendar year. Applicants will pay the full annual subscription fee upon application, but will receive credit for the portion unused in the next membership billing. Membership Scheme and Subscription Fee are subject to annual review by the Council (or by any of its committee of relevance).
- Corporate Members and NGO Members have full voting rights while Individual Members do not have voting right. The Representatives of a Corporate Member is entitled to vote, and Additional Representative(s) of the Corporate Member are non-voting. The Member's Representative(s) and Additional Representative(s) may be replaced by writing.
- A person can be a Representative of only one Corporate or NGO Member, while that person can be an Individual Member at the same time.
- 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**

- Personal data will only be collected for the purpose of processing applications received and a directly related purpose
- 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.
- 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 with payment to "eHealth Consortium Limited, Room 1207C, 12/F, Block B, Hong Kong Industrial Centre, 489-491 Castle Peak Road, Lai Chi Kok, Kowloon" \***

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

<b>For Official Use Only</b>	Received by: _____	Approved by: _____	Approval Date: _____
------------------------------	--------------------	--------------------	----------------------