

eHealth Consortium

Membership (NGO) Subscription - Application Form



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

* denotes required fields.

Subscription Fee

Subscription Fee:

(In-Kind or Payment)

- In-kind Sponsorship:
- promotion of eHealth Consortium's activities or initiatives on applicant's website, newsletter or publications
 - offer admission discounts to eHealth Consortium's members for attending events organized by the applicant
 - others: (pls specify) _____

OR

- Check payment of HK\$1,000 attached / to be made.

Number of Representative with Voting Right:

One (1)

Applicant's Information

Organization Name*

機構中文名稱

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)

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

Organization Logo Attached. To be sent later.

Website

Organization Description

(100 words max)

Organization In-Charge

Salutation* Mr / Ms / Dr / Other: (Pls specify)

First Name*

Last Name*

Rank*

Mobile

Phone*

Fax*

Email*

Administrative Contact

Salutation* Mr / Ms / Dr / Other: (Pls specify)

First Name*

Last Name*

Rank*

Mobile

Phone*

Fax*

Email*

P.T.O.

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

For Official Use Only

Received by:

Approved by:

Approval Date:

Primary Representative

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** _____

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.

Organization Chop _____ **Signature of Applicant's In-Charge** _____ **Signature of Applicant's Primary Representative** _____ **Date of Application** _____

About the eHealth Consortium Membership Scheme

1. 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.
2. 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. Application will be reviewed by the Council (or by any of its committee of relevance).
3. If Applicant for NGO Membership opt to pay the subscription fee by check (instead of in-kind sponsorship), subscription fees should be made with a crossed check payable to "eHealth Consortium Limited", posted to "eHealth Consortium Limited, Rm 623, 6/F, Kwong Loong Tai Bldg, 1016-1018 Tai Nan West Bldg, Cheung Sha Wan, Hong Kong". The full name and phone number of the applicant should be written on the back of the check. Rejected applications would receive full refunds, if any.
4. Memberships will be renewed automatically at the beginning of each calendar year. Applicants will pay the full annual subscription fee (by check or in-kind sponsorship) upon application, but will receive credit for the portion unused in the next membership billing if the subscription fee is made with check payment. Membership Scheme and Subscription Fee are subject to annual review by the Council (or by any of its committee of relevance).
5. Corporate Members and NGO Members have full voting rights while Individual Members do not have voting right. The Primary Representative of a NGO Member is entitled to vote, and Additional Representative(s) of the NGO Member are non-voting. The Member's Representative and Additional Representative(s) may be replaced by writing.
6. 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.
7. 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 Newsletter

1. The eHealth Consortium Newsletter is issued quarterly and sent to the email address provided by the subscriber. The subscriber has the right 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'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 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 to "eHealth Consortium Limited, Rm 623, 6/F, Kwong Loong Tai Bldg, 1016-1018 Tai Nan West Street, Cheung Sha Wan, Hong Kong". ***

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

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

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