

Chief Happiness Officer Association (CHOA) Corporate Members Membership Application Form

Section 1: Corporate Information			
Name of Company	English		
	Chinese		
Company Stock Code <i>(If applicable)</i>			
Office Address	English		
	Chinese		
Business Nature <i>(Please ✓ in the appropriate □)</i>	<input type="checkbox"/> Catering / Hospitality	<input type="checkbox"/> Consultancy / PR	<input type="checkbox"/> Education
	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Finance / Insurance	<input type="checkbox"/> Government
	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Logistics / Transportation	<input type="checkbox"/> Property / Real Estate
	<input type="checkbox"/> Public Utilities	<input type="checkbox"/> Textiles & Garment	<input type="checkbox"/> Trading / Retail / Wholesale
	<input type="checkbox"/> Others <i>(Please specify)</i>		
No. of Employees			
Date of Formation			
Business Registration No.			
Facebook Profile Link			
Instagram Profile Link			
LinkedIn Profile Link			
Website			
Membership Type	<input type="checkbox"/> Corporate Full Member <small>(Applicable when your company has become Associate Member for 24 months)</small>		
	<input type="checkbox"/> Corporate Associate Member		

Section 2: Primary Contact Person (Company Owner / Partners / Directors)			
Name	English		
	Chinese		
Salutation	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms. <input type="checkbox"/> Miss
Position			
Department			
Contact No.	Office		Mobile
Email Address			

Section 3: Alternative Proxy Representatives			
Representative 1			
Name	English		
	Chinese		
Salutation	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms. <input type="checkbox"/> Miss
Position			
Department			
Contact No.	Office		Mobile
Email Address			
Representative 2			
Name	English		
	Chinese		
Salutation	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms. <input type="checkbox"/> Miss
Position			
Department			
Contact No.	Office		Mobile
Email Address			

Section 3: Alternative Proxy Representatives (Con't)

Representative 3

Name	English			
	Chinese			
Salutation	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss			
Position				
Department				
Contact No.	Office		Mobile	
Email Address				

Section 4: Support to CHO Association

In what way(s) can your company contribute to / support CHO Association's activities?

<input type="checkbox"/>	Financial Sponsorship
<input type="checkbox"/>	Media Sponsorship
<input type="checkbox"/>	In Kind Sponsorship Including Venue / Catering & Products, etc.
<input type="checkbox"/>	Promotional Partners
<input type="checkbox"/>	Others <i>(Please specify)</i>

Section 5: Membership Application	
Fee	
Corporate Member Annual Fee	HK \$5,800
Admission Fee	HK \$500 (Will be waived for registration before 31 st Dec 2022)
Payment Method	
1. Bank Transfer in HKD to	
Bank	Bank of China (Hong Kong) Limited
Beneficiary	CHIEF HAPPINESS OFFICER ASSOCIATION LIMITED
Account No.	012-802-2-014680-8
Remarks	Please mark your account number / name on the pay slip & email the pay slip to: info@choassociation.org or WhatsApp @ 6263 6263
2. By FPS	
Bank	Bank of China (Hong Kong) Limited
FPS Identifier	100900554
3. By Cheque	
Cheque payable to	CHIEF HAPPINESS OFFICER ASSOCIATION LIMITED
Remarks	Please mail a crossed cheque to Flat 2112, 21/F, The Star, 18 Yip Shing Street, Kwai Chung, New Territories.

Section 6: Referee (Optional)			
Name	English		
	Chinese		
Salutation	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms. <input type="checkbox"/> Miss
Position			
Department			
Contact No.	Office		Mobile
Email Address			

Section 7: Declaration

We hereby apply to join as a Corporate Member of Chief Happiness Officer Association (“CHOA”) and agree to abide by the rules of conduct and ethics of CHOA in force from time to time. We understand CHOA may refuse to accept any application for membership and is not bound to state the reason for so doing,

Authorized Signature

Company Chop

Name

Date

Position

Other Information:

1. Please email the completed application to info@choassociation.org or submit to the following address:
Flat 2112, 21/F, The Star, 18 Yip Shing Street, Kwai Chung, New Territories.
2. For enquiry:
Telephone: +852 6263 6263
Email: info@choassociation.org
3. The CHO Association Executive Committee will consider and approve applications received at its monthly meeting. Processing of applications normally takes about 2-4 weeks depending on the time of submission. Successful new member applications will be notified by email.
4. The membership fee is non-refundable.
5. Application form will not be returned to unsuccessful applicants.
6. CHO Association reserves the right to use any photograph/video taken at any event organized by CHO Association, without the expressed written permission of those included within the photograph / video.
7. Personal data collected will be used for purposes relating to the administration of membership application, compilation of membership statistics and general mailing activities. They are not intended to be used for commercial mass contact purposes and will be treated as strictly private and confidential.