

## Chief Happiness Officer Association (CHOA) SME 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<br><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"/> SME Full Member<br><small>(Applicable when your company has become Associate Member for 24 months)</small> |   |   |
|   | <input type="checkbox"/> SME 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 Representative |                              |                              |  |
|---|------------------------------|------------------------------|--|
| 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(Please specify)  |

| Section 5: Membership Application |  |
|-----------------------------------|--|
| <b>Fee</b>                        |  |
| SME Member Annual Fee             | HK \$2,800   |
| Admission Fee                     | HK \$500 (Will be waived for registration before 31 <sup>st</sup> Dec 2022)  |
| <b>Payment Method</b>             |  |
| 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: <a href="mailto:info@choassociation.org">info@choassociation.org</a> 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<br>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 SME 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](mailto: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](mailto: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.