

能 量 學 會

INSTITUTE OF ENERGY

(Incorporated in Hong Kong SAR and is limited by guarantee)

APPLICATION FOR REGISTRATION

AS A FOUNDER MEMBER

**For Office Use Only**

**Name:** \_\_\_\_\_ ( \_\_\_\_\_ )

**Membership No.:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Conditional / Formal approval given on:** \_\_\_\_\_ **at Meeting of Council Members**

**Registration effective from:** \_\_\_\_\_ **Officer-in-charge signature:** \_\_\_\_\_

Room 608, Hong Kong Plaza, 188 Connaught Road West, Hong Kong.

Tel.: (852) 2907 9118

Fax: (852) 2810 4048

e-mail: [info@ioe.hk](mailto:info@ioe.hk)

**IMPORTANT:**

- Please read the Notes carefully before completing this Form.
  - Please complete all sections in **BLOCK LETTERS** and in **BLACK**.
  - **Personal Data (Privacy) Ordinance:** All information provided in this form will be used for purposes relating to the administration of the Companies Ordinance and By-laws of the Institute including founder membership registration. In addition, the Institute may use the collected data for statistical research and analysis, and for keeping members informed of its services. The provision of personal data by means of this Form is voluntary. However, insufficient information may result in rejection of an application. Data collected is accessible to officers, committees or persons processing the registration and related matters.
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**A. For Founder Member-Individual**

**Section 1 : Personal Particulars**

Dr./Mr./Mrs./Ms.\* Surname: \_\_\_\_\_ Other name: \_\_\_\_\_

Name in Chinese (if any): \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_ Nationality: \_\_\_\_\_

Hong Kong identity card no.: \_\_\_\_\_

Passport no.: \_\_\_\_\_ Place of issue: \_\_\_\_\_

(if not holding a Hong Kong identity card)

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**Section 2 – Contacts Details**

Residential address: \_\_\_\_\_

\_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_

Telephone no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

Correspondence address: #

Residential address

P.O. Box (Please specify)

Business address

\_\_\_\_\_

e-mail address \_\_\_\_\_

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**Section 3 – Academic qualifications and Professional Attainments**

Qualification awarded: \_\_\_\_\_

Professional attainment obtained: \_\_\_\_\_

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**B. For Founder Member – Corporation**

(Note: It includes Body Corporate, Funds, University and Institute)

Name: \_\_\_\_\_

Company no.: \_\_\_\_\_ Business registration no.: \_\_\_\_\_  
(if any) (if any)

Registered office address: \_\_\_\_\_  
\_\_\_\_\_

Business office address: \_\_\_\_\_  
(if different to registered address)

Name of responsible person: \_\_\_\_\_ His/Her Position: \_\_\_\_\_

Office telephone no.: \_\_\_\_\_ Office fax no.: \_\_\_\_\_

Web-site: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Please chop and sign if apply for Corporate Member)

Date: \_\_\_\_\_

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\* Please delete as appropriate.

# Please put a “√” in the appropriate box.