

能 量 學 會

INSTITUTE OF ENERGY

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

APPLICATION FOR REGISTRATION

AS AN ORDINARY 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

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)

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 _____

Section 3 – Academic qualifications and Professional Attainments

Qualification awarded: _____

Professional attainment obtained: _____

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: _____

* Please delete as appropriate.

Please put a “√” in the appropriate box.