

MEMBERSHIP APPLICATION FORM (Form I)

TYPE OF MEMBERSHIP APPLIED: * FULL MEMBER / ASSOCIATE COMPANY MEMBER / ASSOCIATE INDIVIDUAL MEMBER (* delete whichever is not appropriate)

A. COMPANY MEMBERSHIP

COMPANY NAME:(In English) _____

(In Chinese) _____

BUSINESS ADDRESS: _____

TEL NO: _____ FAX NO: _____

EMAIL: _____ WEBSITE: _____

NATURE OF BUSINESS: _____

PRODUCT RANGE / SERVICE TYPE: _____

NUMBER OF EMPLOYEES ENGAGED IN TELECOM FIELD: _____

NAME OF DIRECTOR (S) / PARTNER (S): _____

AUTHORIZED REPRESENTATIVE

Please note an authorised person of a company member and an alternate person with the same authority should be appointed as representatives who will have the right to vote on behalf of the company.

We, (*Company Name*), _____
being a member of the Communications Association of Hong Kong, hereby appoint:

(Authorised Representative)

Name: _____ Job Title: _____

Email: _____ Tel: _____ Fax: _____

Name of Assistant/Secretary (*if applicable*): _____

Tel: _____ Email: _____

(Alternate Authorised Representative)

Name: _____ Job Title: _____

Email: _____ Tel: _____ Fax: _____

as official representatives of the company to vote on our behalf at the annual/extraordinary general meeting of Communications Association of Hong Kong and accept the nomination to participate in the assignment of the Association.

B. INDIVIDUAL MEMBERSHIP

NAME OF APPLICANT: _____ TITLE: _____

COMPANY NAME & ADDRESS: _____

CORRESPONDENCE ADDRESS: _____

TEL NO: _____ FAX NO: _____ EMAIL: _____

NATURE OF BUSINESS: _____

NUMBER OF YEARS ENGAGED IN TELECOM FIELD: _____

OTHER MEMBERSHIP: _____

C. BUSINESS NATURE

Business Category: (Please tick the appropriate box(es))

- | | | |
|--|---|---|
| <input type="checkbox"/> Fixed Network Telecom | <input type="checkbox"/> Internet Services | <input type="checkbox"/> Multimedia |
| <input type="checkbox"/> Paging Services | <input type="checkbox"/> Mobile Services | <input type="checkbox"/> Content Provider |
| <input type="checkbox"/> Equipment Provider | <input type="checkbox"/> Value Added Services | <input type="checkbox"/> Others _____ |

Nature of Business: (Please tick the appropriate box(es))

- | | | |
|---|--|---|
| <input type="checkbox"/> Carrier/Network Operator | <input type="checkbox"/> R & D | <input type="checkbox"/> Trader / Agent |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Sales & Marketing | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> Distributor / Supplier | <input type="checkbox"/> Service Provider | _____ |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> System Integrator | _____ |

Product Portfolio: (Please tick the appropriate box(es))

- | | |
|--|--|
| <input type="checkbox"/> AC/DC Rectifiers/Inverter | <input type="checkbox"/> Multichannel Recorder |
| <input type="checkbox"/> Broadband System | <input type="checkbox"/> Optical Transport Network |
| <input type="checkbox"/> Cabling & Wiring System/Frame Relay | <input type="checkbox"/> PABX/Key Telephone System |
| <input type="checkbox"/> Call Centre | <input type="checkbox"/> Paging Equipment/Trunking System |
| <input type="checkbox"/> CATV Service | <input type="checkbox"/> Policy Development and Licence Application |
| <input type="checkbox"/> Computer System/Network/Product Development | <input type="checkbox"/> Power System |
| <input type="checkbox"/> Data Communication: Modem/Multiplexer | <input type="checkbox"/> Public Switching |
| <input type="checkbox"/> Dealer Board System | <input type="checkbox"/> Secured on-line Payment Solution |
| <input type="checkbox"/> Digital Announcer | <input type="checkbox"/> Security System & Service |
| <input type="checkbox"/> Fax/Copier | <input type="checkbox"/> Satellite Communications System & Service |
| <input type="checkbox"/> Financial Information | <input type="checkbox"/> Semiconductor & IC |
| <input type="checkbox"/> Fixed Network Service | <input type="checkbox"/> Technology Transfer Services |
| <input type="checkbox"/> International Leased Circuit | <input type="checkbox"/> Telephone/Mobile Radio Communication Console System |
| <input type="checkbox"/> International Switched Minutes | <input type="checkbox"/> Telephone Cord & Accessories |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Video Conferencing System |
| <input type="checkbox"/> Microwave System | <input type="checkbox"/> Voice/Data Communications System |
| <input type="checkbox"/> Mobile Phone/System | <input type="checkbox"/> Others _____ |



香港通訊業聯會

Communications Association of Hong Kong

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Fax: (852) 2504-2752
Website: <http://www.cahk.hk>
E-mail: info@cahk.hk

D. GROUP ENROLMENT (* For All Types Membership)

As a member of the Association, you are requested to join at least one of the listed groups. You can join any of the groups and there is no limitation. You are allowed to cast one vote on matter related to each of the groups. On matter related to the entire Association, only one vote per Full Member.

Each group is headed by elected Presidents, who upon their election to the post, will become member of the Executive Committee of the Association.

If you enrol one group only, we will assume that you do agree your authorised representative or yourself to sit for the selected group. For Full Members enrolling more than one group, you are allowed to have different company representatives, if any, to sit for the groups on your behalf. Kindly put their names beside the corresponding group accordingly.

Please indicate the group(s) to which you wish to be attached by putting a [Tick] in the box provided.

- [] Broadcasting & Entertainment Group – Name: _____ Tel: _____ Email: _____
- [] CPE Vendor & Equipment Supplier Group – Name: _____ Tel: _____ Email: _____
- [] Fixed Network & Value Added Service Group – Name: _____ Tel: _____ Email: _____
- [] Internet Service & Content Provider Group – Name: _____ Tel: _____ Email: _____
- [] Mobile Network & Service Provider Group – Name: _____ Tel: _____ Email: _____
- [] MVNO Group – Name: _____ Tel: _____ Email: _____
- [] Regulation Issues Group – Name: _____ Tel: _____ Email: _____

- E. * NOMINATING COMPANIES:**
1. _____
 2. _____

- * All applications should be nominated by two existing CAHK members.
- * CAHK will approach nominating companies directly for endorsement procedures.

HOW DO YOU KNOW THIS ASSOCIATION: _____

REASON(S) TO JOIN THIS ASSOCIATION: _____
(please fill in)

I/WE HEREBY AGREED TO BE BOUND BY THE MEMORANDUM AND ARTICLES OF ASSOCIATION AND RULES, REGULATIONS AND BY-LAWS OF THE ASSOCIATION IF MY/OUR APPLICATION IS ACCEPTED. I/WE ALSO AGREED TO PAY THE YEARLY SUBSCRIPTION FEE AND THE ENTRANCE FEE FOR FULL MEMBERSHIP AS AGREED IN THE ANNUAL GENERAL MEETING OF THE ASSOCIATION.

AUTHORIZED SIGNATURE: _____
(Company Chop)

NAME IN BLOCK LETTERS: _____

DATE: _____