

#### 香港中華眼鏡製造廠商會有限公司 HONG KONG OPTICAL MANUFACTURERS ASSOCIATION LTD.

香港九龍旺角花園街十一號三樓 NO. 11, FA YUEN ST., 2/F., MONGKOK, KOWLOON, HONG KONG. TEL: (852) 2332 6505 / 7721 0558 FAX: (852) 2770 5786 e-mail: hkoma@netvigator.com

Website: http://www.hkoptical.org.hk

[香港中華眼鏡製造廠商會] 附會

Affiliated to [Hong Kong Optical Manufacturers Association] (HKOMA)

## [香港眼鏡設計師業會] 入會申請表格

[Hong Kong Eyewear Designer Club] Membership Application Form							
(請用正楷寫 Please use Block Letters)							
個人資料 Per	sonal Particulars	(中文)	(英文)				
申請人名稱	Name of Applicant						
住址 Home	Address						
香港身份証號	孫碼 H.K. Identity Card No.						
/ 身份証件號	碼 Identity Card No.						
出生日期 Date of Birth							
電話號碼(手標	幾) Tel. no.(Mobile)						
電郵地址 Em	nail Address						
	·						
現職資料 Present Employment Particulars (中文) (英文)							
公司名稱 Na	me of Company						
地址 Addres	S						
職位 Position	١						
受聘年份 Yea	ar of Employment since						
負責品牌 Lin	es / Brand carried						
電話號碼 Tel. no./電郵地址 Email Address							
學歷資料 A	cademic Qualifications						
年份 Years	學院 Institution	學系 Faculty	成就 Achievement/獎項 Award				
工作經驗 Previous Working Experience							
年份 Years	公司/學院 Co./ Institution	職位 Position	負責項目/品牌 Lines/Labels responsible				



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其它資料 Other references		

# 聲明

#### Declaration

本人擬申請加入[香港眼鏡設計師業會]成為會員,並謹以至誠聲明,本申請表上所填寫之一切資料全部真確無訛.本人亦明白 貴會有絕對權力考慮接納或否決此申請,本人將會接受 貴會之議決. 若此申請經 貴會接納,本人願遵守 貴會之一切有關會章,附則及決議,並同意支付會籍年捐及其它有需要之費用.

I write to apply for a membership of the [HONG KONG EYEWEAR DESIGN CLUB], and sincerely declare that the particulars noted on this form are all true in all respects. I understand that the Association has the absolute discretion to review, accept or reject this application. I agree to be bound by any decision made by the Association on this application and agree to comply with the Rules of the Association as set out in the Memorandum and Articles of Association and Disciplinary Proceedings By-laws of the Association. I also agree to pay the membership annual donation and any other relevant fees if my application for the membership is accepted.

申請人簽署( Signature of Applicant ):						
日期 Date:						
推薦人簽署( Recommended by ):						
推薦人姓名( Name of Signatory ): (請用正楷寫 Please use Block Letters)						
日期 Date:						
本會專用欄 (For HKOMA office use only)						
審批人簽署 Approved by						
審批人姓名 Name of Signatory						

HKOMA-HKEDC / 入會申請書 / 20-10-2016

審批日期 Approval Date

會員編號 Membership No.