



Greater Bay Area Health Information Management Association (GBA HIMA)

大灣區醫療資訊管理學會

Corporate Membership Application Form 企業會員申請表格

Application Corporate Name 申請企業名稱

* Required 必須填寫

Corporate Name (English)*:

企業名稱 (中文):

☐ We are hereby willing to join as the **Corporate Member** in accordance with the Articles of Association.*
茲願遵照 貴會章程加入為企業會員。*

Membership Categories, Membership Fee and Requirements 會員類別、會員費用及要求

Category* 會員類別	Membership Fee 會員費用	No. of Voting Representatives 投票代表人數	Requirements 要求
☐ Platinum 白金會員	HK\$10,000 per year	Five (5)	We welcome any companies, institutions, or trade names, that are interested in, support, or recognize the professional value of health information management to join our association as a corporate member. 本學會誠摯歡迎任何對醫療資訊管理感興趣、予以支持，或認同其專業價值之公司、機構或商號，加入大灣區醫療資訊管理學會成為企業會員。
☐ Gold 黃金會員	HK\$7,500 per year	Three (3)	
☐ Silver 純銀會員	HK\$5,000 per year	One (1)	

Corporate Information 企業資訊

Registered Address*:

註冊地址:

Mailing Address:

通信地址:

Phone*:

電話:

Country Code
國家碼

Area Code
區號

Email*:

電郵:

Business Registration No.*:

營業執照號碼*:

Corporate Description:

企業簡介:

Corporate Representative Information 企業代表資訊

Representative(1) 企業代表 (1)

Salutation:	☐ Mr. 先生	☐ Ms. 女士	First Name:		Middle Name:		Last Name:	
稱呼:			名字:		中間名字:		姓氏:	
Job Title:					E-mail:			
職稱:					電郵:			
Phone:					Mobile:			
電話:					手機:			
	Country Code 國家碼	Area Code 區號				Country Code 國家碼	Area Code 區號	

P.T.O.

FORM-CMAF-V03 (w.e.f. 5 August 2026)

For Official Use Only

Received by:

Approved by:

Approval Date:

Greater Bay Area Health Information Management Association | Flat 19, 11/F, Metro Centre, 32 Lam Hing Street, Kowloon Bay, Hong Kong.

Email: enquiry@gbahima.org | Website: www.gbahima.org

Representative (2) 企業代表 (2)

Salutation: ☐ Mr. 先生 ☐ Ms. 女士 First Name: 名字: Middle Name: 中間名字: Last Name: 姓氏:

Job Title: 職稱: E-mail: 電郵:

Phone: 電話: Country Code 國家碼 Area Code 區號 Mobile: 手機: Country Code 國家碼 Area Code 區號

Representative (3) 企業代表 (3)

Salutation: ☐ Mr. 先生 ☐ Ms. 女士 First Name: 名字: Middle Name: 中間名字: Last Name: 姓氏:

Job Title: 職稱: E-mail: 電郵:

Phone: 電話: Country Code 國家碼 Area Code 區號 Mobile: 手機: Country Code 國家碼 Area Code 區號

Representative (4) 企業代表 (4)

Salutation: ☐ Mr. 先生 ☐ Ms. 女士 First Name: 名字: Middle Name: 中間名字: Last Name: 姓氏:

Job Title: 職稱: E-mail: 電郵:

Phone: 電話: Country Code 國家碼 Area Code 區號 Mobile: 手機: Country Code 國家碼 Area Code 區號

Representative (5) 企業代表 (5)

Salutation: ☐ Mr. 先生 ☐ Ms. 女士 First Name: 名字: Middle Name: 中間名字: Last Name: 姓氏:

Job Title: 職稱: E-mail: 電郵:

Phone: 電話: Country Code 國家碼 Area Code 區號 Mobile: 手機: Country Code 國家碼 Area Code 區號

Declaration 聲名

☐ On behalf of the corporation, I hereby apply to the Greater Bay Area Health Information Management Association and agree to abide by its articles, rules, and regulations.
本人謹代表本企業申請加入大灣區醫療資訊管理學會，同時接受大灣區醫療資訊管理學會之會章，並願意遵守協會的協會宗旨、規則和條文。

☐ I declare that, to the best of my knowledge, the information provided in the application form is true and correct; I understand that providing false or misleading information may result in the application being withdrawn.
本人聲明，就本人所知，申請表內填報的資料是真實和正確的；本人明白，填報任何虛假或誤導性資料，可導致申請被撤銷。

☐ I agree that, the information provided in this form can be published in the Greater Bay Area Health Information Management Association Membership Directory and used for other GBAHIMA events and communications.
本人同意，本表格所提供的資料可刊登於大灣區醫療資訊管理學會會員名錄中，並用於其他學會活動或交流。

Signature and Seal:

簽署及蓋印:

Name of Signatory:

簽署人姓名:

Date:

日期:

Application and Approval 申請手續及審批

Please fill in the application form and return it with a cheque for appropriate fee and the required documents listed below to: "Greater Bay Area Health Information Management Association, Flat 19, 11/F, Metro Centre, 32 Lam Hing Street, Kowloon Bay, Hong Kong.". Fax and email applications WILL NOT be accepted. All membership applications must be approved by the Council of the Association, the membership fee will be refunded to the applicant if the application is not accepted. The Association reserves the rights for final decision.

請填妥入會申請表格，並連同相應的會費支票及以下所需文件寄至：「大灣區醫療資訊管理學會，香港九龍灣臨興街32號美羅中心11樓19室」。傳真或電件申請恕不接受。所有會員申請均須經本會理事會審批，如申請不獲接納，會費將退還給申請人。本會保留最終決定權。

- 1. Membership Application Form 會員申請表格
- 2. Cheque of Appropriate Fee (Payable: Greater Bay Area Health Information Management Association) 相應會費之支票（抬頭：大灣區醫療資訊管理學會）
- 3. Business Registration Certificate Copy 商業登記證副本
- 4. Business Card 公司名片
- 5. Website or WeChat QR Code 網頁或微信二維碼

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