

Membership Application

Applying as	☐ Full Member	☐ Associate Men	nber
Name of the person			(Family Name)
			(Middle Name)
			(First Name)
			(Chinese Name, if any)
Highest Education _			
	Name of the	Institution/University/C	Organization
		Location	
Referred by (Two of c	our Members who are in go	ood standings)	
Name			
Name			

Applicant's Address				
Applicant's Email				
Applicant's Phone				
Experience:	Please describe yourself using additional paper. (Mandatory)			
Please email to	info@innovate-coop.org			
Notes:				

Although our membership is by invitation ONLY, we do make exception. The membership committee will review each applicant every month and then make decision. No reply from us after 6 weeks means we must have respectfully declined the application. Our decision is final.

Only after the application for membership is accepted, the Applicant is required to pay an annual membership fee of HKD200.00 in order to formalize the membership. And upon becoming a member, each member will carry a limited liability of no more than HKD200.00.