



Management Consultancies Association of Hong Kong

Membership Application Form

To : Management Consultancies Association of Hong Kong
5/F., Chung Nam House, 59 Des Voeux Road Central, Hong Kong
Tel: (852) 2856 0038 Fax: (852) 2565 6628 Email: mcahk@mca.org.hk

I/We would like to join the Association as:

	<u>Annual Fee</u>
<input type="checkbox"/> Corporate Member	HK\$4,500
<input type="checkbox"/> Associate Corporate Member (non-voting)	HK\$2,500
<input type="checkbox"/> Associate Member (individual & non-voting)	HK\$1,000
<input type="checkbox"/> Specialist Associate (Professional) Member (individual & non-voting)	HK\$1,000
<input type="checkbox"/> Student Member (non-voting)	HK\$ 200

Referred by (if applicable): Name: _____
Company: _____

- Cheque made payable to
"Management Consultancies Association of Hong Kong Limited"

BASIC INFORMATION *Please type*

Name of the Company: _____ (English)
_____ (Chinese)

Address: _____

Tel: _____ (Office) _____ (Mobile) Fax: _____

Email: _____ Website: _____

Correspondence Address (if different from above)

Address: _____

Tel: _____ (Office) _____ (Mobile) Fax: _____

Email: _____ Website: _____

Date of establishment of your company in Hong Kong (DD/MM/YY): ____/____/____

Are your firm's headquarter stationed in HK?

[] Yes, Number of Certificate of Incorporation/Business Registration Certificate/
HKID Card (Individual) _____

[] No, please specify country of registered _____

Number of consulting staff : _____ Total no. of employees: _____

Annual turnover of last year: HK\$ _____

DIRECTORS/COMPANY CHIEF

Names of Directors/Partners/Proprietors (only 3 names required)

1. Surname: _____ Name: _____ Position: _____
2. Surname: _____ Name: _____ Position: _____
3. Surname: _____ Name: _____ Position: _____

Name of Company Chief (CEO/Managing Director/General Manager)

Surname: _____ Name: _____ Position: _____
Tel: _____ Mobile: _____ Fax: _____ Email: _____

Name of Representative for attending MCAHK Activities:

Surname: _____ Name: _____ Position: _____
Tel: _____ Mobile: _____ Fax: _____ Email: _____

SERVICE CLASSIFICATION

Please indicate your key areas of expertise (✓ if appropriate). Description of service sectors please refer to Appendix 1.

- General Management Consultancy** – business case / feasibility studies, business process re-engineering, change management, corporate governance, crisis management, customer management, customer relationship management, organisation review, outsourcing, performance management, policy and strategy development, public private partnership, regulatory / business impact assessment. Risk management, service design, value management, etc.
- HRM Consultancy** – executive search, human resources management, pay and benefits, talent management, training, etc.
- IT Consultancy** – business intelligence, global positioning systems, IT implementation, IT strategy, mobile communications, process management, radio frequency identification (RFID), telecommunications, etc.
- Specialized Consultancy** – actuarial services, audit / financial services, brand strategy, call / contact centre consultancy, civil engineering consultancy, engineering consultancy, environmental consultancy, estate and property consultancy, expense reduction, ISO consultancy, infrastructure consultancy, MICE industry, occupational health and safety, public relations / communications, quality assessment model, railway consultancy, records management, Six Sigma, supply chain management, tax services, etc.
- Survey Research** – industry / country research, opinion survey, social research, survey and general research, other research, etc.

COMPANY PROFILE (Please type clearly, profile exceeding 50 words will NOT be accepted)

Name : _____
Position : _____
Date : _____

Authorised Signature

FOR INTERNAL USE ONLY
Membership Approval Procedure per By Laws No. 2 of the By-Laws
Passed on 8th June 1999

For Corporate Member: (Corporate voting)	For Associate Corporate Member: (Corporate non-voting)	For Associate /Specialist Associate (Professional)/Student Member: (Individual non-voting)
1. Proposer: _____ (General Committee)	1. Proposer: _____ (Corporate Member)	1. Proposer: _____ (Corporate Member or Associate Corporate Member)
2. Seconder: _____ (General Committee)	2. Seconder: _____ (Corporate Member)	2. Seconder: _____ (Corporate Member or Associate Corporate Member or Associate Member)
3. Seconder: _____ (Corporate Member)		

Note:

- *The Association reserves the right to accept or reject membership application.*
- *Membership fee is non-refundable unless the application is unsuccessful.*
- *The Association has the right to use member's information included in official publications and communications.*