

2020/2021 Membership Application Form

New Member Renew Membe	rship
Full Member Associate Mem	ber (Corporate) Associate Member (Individu
Organization / Personal details	
Name of Social Enterprise / Social Enterprise Pr	oject :
Name of Parent Organization (if applicable):	(Chinese)
Name of Representative	(Onlinese)
Name of Contact Person :	
Correspondence Address :	
Tel:	Fax:
Email:	Website:
Project 1:	
Project Name:	Fair
Tel:	Fax:
Project Name: Tel: Address:	Fax:
Tel: Address: Project 2:	Fax:
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Tel: Address: Project 2: Project Name: Tel: Address: Use of Services Please indicate which of the following activities/strongest interest, 2 for your second strongest in	Fax: Fax: facilities will be of interest to you. Use 1 to indicate interest and so on.
Tel: Address: Project 2: Project Name: Tel: Address: Use of Services Please indicate which of the following activities/	facilities will be of interest to you. Use 1 to indicate interest and so on. Promotion Opportunity Insurance S



4. Nomination

Recommendations of at least two full members of Chamber are required. Contacts information of full members can be found at the Chamber's website (www.sechamber.hk)

Tel:						
Email:						
I have reviewed the understand the me	mbershi	p criterion. I would like to nom	neral Chamber of Social Enterprises and fully inate			
(name of organiza Chamber. Thanks f	tion or ir or your a	ndividual) as Full / Associate rattention.	member (please delete as appropriate) of this			
			(Signature of Nominator)			
2 nd Nominator						
Name of Organizat	ion.					
		Fa.	x:			
Email:						
			neral Chamber of Social Enterprises and fully			
			ninate nember (please delete as appropriate) of this			
Chamber. Thanks f			member (product de de appropriate) en and			
			(Signature of Nominator)			
. <u>Payment</u>						
. <u>Payment</u> lembership Fee:		2020 – 2021 (1 year)	2020 – 2022 (2 years)			
lembership Fee:		2020 – 2021 (1 year) HKD 1,000	2020 – 2022 (2 years) □ HKD 1,500			
		,				

it to Rm1205, 12/F, Houtex Industrial Building, 16 Hung To Road, Kwun Tong, Kowloon, HK



6. Supporting Documents

Item	Crit exception applicable upor	Source of Evidence Submit upon request of the Board (Not applicable to individual member)			
A. Essential Requirements					
	Full Member Meet all below requirement	Associate members Fulfill at least 3 of below (Not applicable to individual member)			
1	The enterprise stated as social en social enterprise projects	Annual reportAnnual audited reportCertified accountsOther supporting documents			
2	At least 50% of the enterprise's tu goods and/or services	Accounts Annual audited report Certified annual audited report			
3	The enterprise has an appropriate governed or driven by individual p	- Constitution - M & A			
4	The enterprise has a constitution of reflect its social objectives.	- Constitution - Written guiding principles displayed			
5	All employees have a contract of e reasonable as possible.	- Employment contracts - Payroll			
B. De	esirable Criterion				
	Full Member Fulfill at least 2 of below	Associate members Fulfill at least 1 of below (Not applicable to individual member)			
6	More than 25% of employees are disadvantaged in the labour marke (e.g. disabled people, people with mental those with substance misuse issues etc.).	- Staff profile			
7	An equal approach is taken to the used across all staff.	- Employment Contracts			
8	All employees have the opportunit Social Enterprise or into alternative	- Staff profiles - Supervision & appraisal			
9	Trainees and volunteers have differesponsibilities to those of employ time-limited and should lead to an achieved.	Training Contract Training Programme leading to award or qualification Volunteer Agreement			



7. Declaration and Consent of the Applicant

I certify that all the information given in this application is true and accurate. I understand that The Council of the Chamber reserves the right to check the sources of evidences reported by my organization. The Council also has the right to accept or decline any membership applications without giving prior notice.

Besides, I consent to release the contact information of my social enterprise project(s) provided in this application to the website of this Chamber for public access if the application is successful.

Name of the Social Enterprise Project in charge of Organization :	Title:
Contact No. :	Date of Application :
	Signature and Organization Chop

Thank you for joining us!