



# The Hong Kong Federation of Private Educators

## MEMBERSHIP APPLICATION FORM

All members will come in as Ordinary Members for 1 year. Full Membership will accrue after assessment of OMs practices and adherence to HKFPE's Code of Ethics.

### 1. Company Information

Name of School : \_\_\_\_\_ License no. \_\_\_\_\_  
Tel no. \_\_\_\_\_ Fax no. \_\_\_\_\_ Date of incorporation : \_\_\_\_\_  
No. of Branches: \_\_\_\_\_ H.K. \_\_\_\_\_ Kln \_\_\_\_\_ Total \_\_\_\_\_ No. of Students  500-  500-1,000  1,000+  
Day / Night : \_\_\_\_\_ Age group of Students : 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Tutorial  Kindergarten  Primary  Secondary  Commercial  Language  Adult  Computer  Other   
Address : (Head Office) \_\_\_\_\_ (Branch) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Please attach your list)

### 2. Authorised Representative(s)

Name: _____	Name: _____
Name in Chinese: _____	Name in Chinese: _____
Position: _____	Position: _____
Dir Tel: _____ Mobile : _____	Dir Tel: _____ Mobile: _____
Email: _____	Email: _____
Website: _____	Website: _____

(Please attach other representatives)

### 3. Criteria

Briefly describe the nature of your business

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Have you ever run a business or school that has previously gone bankrupt?

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Reasons for joining the Federation?

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Do you have any outstanding issues with the Education Department? (Fire, Health, School Fees, other) Explain briefly.

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Are you an affiliate or member of any other Federation? \_\_\_\_\_

Do you belong to any other Educational Association or Institute? \_\_\_\_\_

#### 4. Nomination (By Existing Members)

Nominated by : \_\_\_\_\_ Seconded by : \_\_\_\_\_

Company : \_\_\_\_\_ Company : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_ Signature : \_\_\_\_\_ Date : \_\_\_\_\_

#### 5. Participation

I would like to participate in a Sub-Committee on :

- |   |  |                                     |  |
|---|--|-------------------------------------|--|
| <input type="checkbox"/> Education Policy | <input type="checkbox"/> Student Protection Scheme | <input type="checkbox"/> Membership | <input type="checkbox"/> Media and Marketing |
| <input type="checkbox"/> Website          | <input type="checkbox"/> Legislation               | <input type="checkbox"/> Legal      | <input type="checkbox"/> Quality Assurance   |

#### 6. Declaration

I hereby state the above answers are all true and correct.

Signature/s: \_\_\_\_\_  
(with Company Chop)

Date : \_\_\_\_\_

NOTE : Please attach your business card, copy of Business Registration and Education Department License.

Please mail you application and relevent document to:

Hong Kong Federation of Private Educators  
Membership Committee  
8/F East Wing, Hennessy Centre  
500 Hennessy Road  
Causeway Bay, Hong Kong