



# MEMBERSHIP APPLICATION FORM WORLD BUSINESS PARTNERS PROGRAMME

## MEMBERSHIP CATEGORY

| Please select:           | WBP Membership Category  | Annual Membership Fee |                        |
|--------------------------|--|-----------------------|------------------------|
|                          |  | Regular Member        | Affiliate Member (25%) |
| <input type="checkbox"/> | Large business size<br>Over 50 full time employees in the aviation business      | USD 5,775             | USD 1,444              |
| <input type="checkbox"/> | Medium business size<br>10-50 full time employees in the aviation business       | USD 3,675             | USD 919                |
| <input type="checkbox"/> | Small business size<br>Less than 10 full time employees in the aviation business | USD 2,100             | USD 525                |

If you apply for affiliate membership, please specify your membership's primary region:

- ACI Africa     ACI Europe     ACI Latin-America – Caribbean     ACI North America

## COMPANY INFORMATION

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

Address: \_\_\_\_\_

City/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Website URL: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: (+ ) \_\_\_\_\_ Facsimile: (+ ) \_\_\_\_\_

## REPRESENTATIVE INFORMATION

### OFFICIAL REPRESENTATIVE

Salutation:     Dr.  Mr.  Ms.  Mrs.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Title: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: (+ ) \_\_\_\_\_ Facsimile: (+ ) \_\_\_\_\_

### ALTERNATE REPRESENTATIVE

Salutation:     Dr.  Mr.  Ms.  Mrs.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Title: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: (+ ) \_\_\_\_\_ Facsimile: (+ ) \_\_\_\_\_

### ADMINISTRATIVE LIAISON

Salutation:     Dr.  Mr.  Ms.  Mrs.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Title: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: (+ ) \_\_\_\_\_ Facsimile: (+ ) \_\_\_\_\_



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## KNOW MORE ABOUT YOUR COMPANY

1. Please select one option below which could best describe your company's business nature.

- A. Equipment
- B. IT And Communication
- C. Retail and Commercial
- D. Consulting and Management
- E. Handling and Airfield
- F. Planning and Construction

2. Please select a maximum of 3 categories which could best fit your company's products and/ or services.

| A. Equipment             |  |
|--------------------------|--|
| <input type="checkbox"/> | [A1] Aircraft Engine & Manufacture               |
| <input type="checkbox"/> | [A2] Boarding Bridges & Docking Guidance Systems |
| <input type="checkbox"/> | [A3] Furnishings & Equipment                     |
| <input type="checkbox"/> | [A4] Purchasing Consultancy                      |
| <input type="checkbox"/> | [A5] Service Provider                            |
| <input type="checkbox"/> | [A6] Transportation                              |
| <input type="checkbox"/> | [A7] Trolleys                                    |

| B. IT And Communications |                             |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | [B1] Information Technology |
| <input type="checkbox"/> | [B2] System Integration     |
| <input type="checkbox"/> | [B3] Wireless/Internet      |

| C. Retail and Commercial |                                    |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | [C1] Advertising                   |
| <input type="checkbox"/> | [C2] Car Parking                   |
| <input type="checkbox"/> | [C3] Car Rental                    |
| <input type="checkbox"/> | [C4] Food & Beverage               |
| <input type="checkbox"/> | [C5] Hotels                        |
| <input type="checkbox"/> | [C6] Media                         |
| <input type="checkbox"/> | [C7] Product, Supplier & Duty Free |
| <input type="checkbox"/> | [C8] Property                      |
| <input type="checkbox"/> | [C9] Retail Consultants            |

| D. Consulting and Management |  |
|------------------------------|--|
| <input type="checkbox"/>     | [D1] Consulting Services, Forecasts & Statistics |
| <input type="checkbox"/>     | [D2] Environmental Solutions                     |
| <input type="checkbox"/>     | [D3] Executive Search                            |
| <input type="checkbox"/>     | [D4] Financial                                   |

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | [D5] Insurance                            |
| <input type="checkbox"/> | [D6] Legal                                |
| <input type="checkbox"/> | [D7] Management Consultancy               |
| <input type="checkbox"/> | [D8] Market Research                      |
| <input type="checkbox"/> | [D9] Trade Associations                   |
| <input type="checkbox"/> | [D10] Training and Educational Institutes |

| E. Handling and Airfield |                                      |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | [E1] Air Traffic Control             |
| <input type="checkbox"/> | [E2] Baggage Handling                |
| <input type="checkbox"/> | [E3] Bird Control                    |
| <input type="checkbox"/> | [E4] Cargo & General Services        |
| <input type="checkbox"/> | [E5] Ground Handling                 |
| <input type="checkbox"/> | [E6] Refueling                       |
| <input type="checkbox"/> | [E7] Noise & Flight Track Monitoring |
| <input type="checkbox"/> | [E8] Runways, Aprons, Taxiways       |
| <input type="checkbox"/> | [E9] Winter Services                 |

| F. Planning and Construction |                   |
|------------------------------|-------------------|
| <input type="checkbox"/>     | [F1] Architects   |
| <input type="checkbox"/>     | [F2] Construction |
| <input type="checkbox"/>     | [F3] Operation    |
| <input type="checkbox"/>     | [F4] Planning     |

| G. Security              |   |
|--------------------------|---|
| <input type="checkbox"/> | [G1] Access Control & Consulting            |
| <input type="checkbox"/> | [G2] Biometrics                             |
| <input type="checkbox"/> | [G3] Surveillance                           |
| <input type="checkbox"/> | [G4] HBS, Trace Detections, TIP & Screening |

3. Company Profile (+/- 150 words):



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## Terms and Conditions

A dues invoice will be issued after the application form is received. Membership becomes valid when payment of dues is received by ACI Asia-Pacific. However, any member joining during the course of the year shall be invoiced at a prorated basis from the beginning or the end of the month, whichever is closer to the date of receipt of the application, through 31 December of the year and shall be invoiced at the full amount starting from the second year. The date of joining the Programme shall be taken as the date when the membership application form is received by the ACI Asia-Pacific Regional Office. In the event of member resignation, any and all dues or other obligations outstanding shall be paid in full. Dues shall not be reimbursed for any incomplete portion of the year in question.

*By submitting this application, you also expressly agree and consent to the use of the names, titles and/or contact details of your nominated Official Representative, Alternative Representative and/or other relevant representatives for the following:*

- 1. Inclusion in ACI Asia-Pacific's annual directory published for distribution to other ACI Asia-Pacific members.*
- 2. Inclusion in the distribution/ mailing list for ACI communications, including but not limited to press releases, bulletins, reports, magazines, etc.*
- 3. Inclusion in the distribution/ mailing list for ACI events notifications.*

*If any representative wishes to unsubscribe or opt-out of distribution/ mailing lists for ACI communications or events notifications, please submit your request or enquiries to [communications@aci-asiapac.aero](mailto:communications@aci-asiapac.aero). ACI Asia-Pacific's Privacy Policy details are also available on our website at [www.aci-asiapac.aero](http://www.aci-asiapac.aero).*

|  |
|--|
| I, the undersigned (Last/First Name):              |
| Business Title:                                    |
| On behalf of:                                      |
| Agree and consent to the above Terms & Conditions. |
| Signature:   |
| Official Stamp:                                    |
| Date:  |

Please return the completed application form to [wbp@aci-asiapac.aero](mailto:wbp@aci-asiapac.aero) or  
Unit 13, 2/F, Airport World Trade Center, 1 Sky Plaza Road,  
Hong Kong International Airport, Hong Kong.