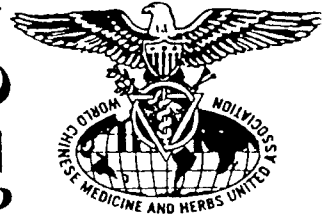




世界中醫藥聯合總會入會申請書

WORLD CHINESE MEDICINE AND HERBS UNITED ASSOCIATION APPLICATION FOR MEMBERSHIP



姓名 Name	中文 Chinese: 英文 English:	照片 (photo)
出生日期 DOB: _____月(M) / _____日(D) / _____年(Y)		
性別 Sex: <input type="checkbox"/> 男(M) <input type="checkbox"/> 女(F)	國籍 Nationality:	
服務(執業)單位 Business Name:		Tel:
服務(執業)地址 Business Address:		Fax:
住家地址 Home Address:		Tel:
申請項目 Items:		
1. <input type="checkbox"/> 永久會員 US\$ 1000 Permanent Membership		
2. <input type="checkbox"/> 分會會員 US\$ 300 / 2 yrs. Branch Membership		
3. <input type="checkbox"/> 團體會員 US\$ 200 / 2 yrs. Group Membership		
4. <input type="checkbox"/> 個人會員 US\$ 100 / 2 yrs. Individual Membership		
1. 學歷及經歷 (包括校名,科目,專業,日期及證明文件等) Education & Experience (Include colleges name, period of schooling, date of graduation and proof of qualification etc.):		
2. 著作 (凡具有上述資格者,如有中醫藥論文者,將影印部分寄本會) Publications (Please submit list of titles, dates and preferably send copies of works.):		
申請人 Applicant: _____ 日期 Date: _____		
申請書及支票抬頭請寄本會 Please send application forms and make the check payable to:		
世界中醫藥聯合總會 WORLD CHINESE MEDICINE AND HERBS UNITED ASSOCIATION 10351 E. GARVEY AVE., EL MONTE, CALIFORNIA 91733, U.S.A. Tel: (626) 442-5599, (888) 625-2112, Fax: (626) 442-5533		