

香港中西醫結合醫學會

Application Form for Commercial Corporate Member

業界團體會員申請表

<p>Company Name 公司名稱： (請填寫中、英名稱)</p>			
<p>Correspondence Address 通訊地址：</p>			
<p>Business Registration Cert. 商業登記證號碼 (提交副本)</p>			
<p>Certificate of Incorporation 公司註冊證書號碼 (提交副本)</p>			
<p>Tel.電話：</p>		<p>Fax 傳真：</p>	
<p>Email 電郵地址：</p>			
<p>Name of Company In charge 公司負責人姓名：</p>		<p>Job Title 職級：</p>	
<p>Name of Contact Person 聯絡人姓名：</p>		<p>Job Title 職級：</p>	
<p>Tel.電話：</p>		<p>Fax 傳真：</p>	
<p>Email 電郵地址：</p>			
<p>Signature and Chop 簽署及蓋章：</p>		<p>Date 日期：</p>	

# Annual Membership Fee 每年會員會費：HK\$3,000.00

\* Please send a crossed cheque payable to "**HONG KONG ASSOCIATION FOR INTEGRATION OF CHINESE-WESTERN MEDICINE**" for the admission fee and annual fee together with this completed application form to the address: Room 1901, Chung Kiu Comm. Building, 47-51 Shan Tung Street, Mongkok, Kowloon. Hong Kong.

請將申請表連同會員入會費及年費支票(抬頭：**香港中西醫結合醫學會**)一并寄回香港九 HKAIM/COMM.CORP/2008

號中僑商業大廈 1901 室，香港中西醫結合醫學會收。