

香港中西醫結合醫學會

Application Form for Associate Member

附屬會員申請表

<b>Application Form for Associate Member</b>					
<b>附屬會員申請表</b>					
Title 稱謂:	Dr /CMP/Prof/Mr/Ms 醫生/中醫/教授/先生/女士	Name 英文姓名:			
			Surname 姓氏	Other Names 名	(Chinese Name 中文姓名)
Sex 性別:		Date of Birth 出生日期:		ID/Passport No. 身份証/護照號碼:	
Correspondence Address 通訊地址:					
				Nationality 國籍:	
Office Tel 公司電話:			Fax 傳真:		
Mobile No 手機號碼:			Email 電郵地址:		
Institution 工作機構:			Employer 僱主:		
Occupation 職業:	Doctor 醫生 / CMP 中醫 / Nurse 護士 / Others 其他:				
Specialty 部門:			Job Title 職級:		
Professorial Qualification 專業資格: (Please attach brief curriculum vitae, if possible. 如有個人簡要履歷, 可連同申請表一并提交。)					Year Obtained 領取年份:
1.					
2.					
3.					
4.					
5.					
Signature of Applicant 申請人簽署:				Date 日期:	
Proposer 推薦人姓名: (Member or Fellow)					
			(Name in Block Letters 英文大寫)		(Signature 簽名)
Seconder 資詢人姓名: (Member or Fellow)					

(Name in Block Letters 英文大寫)

(Signature 簽名)

# Annual Fee 年費：HK\$100.00

Life Membership Fee 永久會員會費：HK\$1,500.00

- Please send a crossed cheque payable to "**HONG KONG ASSOCIATION FOR INTEGRATION OF CHINESE-WESTERN MEDICINE**" for the 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年費支票(抬頭：香港中西醫結合醫學會)一并寄回香港九龍旺角山東街 47-51 號中僑商業大廈 1901 室，香港中西醫結合醫學會收。

HKAIM/ASSO/2008

## HONG KONG ASSOCIATION FOR INTEGRATION OF CHINESE-WESTERN MEDICINE

### 香港中西醫結合醫學會

Associate Member 附屬會員  
Supplementary Sheet 附頁

<Optional Sheet>

Photo 相片