

Application Form for Academic Corporate Member
學界團體會員申請表

School Name 院校名稱：									
Correspondence Address 通訊地址：									
Tel.電話：						Fax 傳真：			
Email 電郵地址：									
Name of School In charge 院校負責人姓名：						Job Title 職級：			
Name of Contact Person 聯絡人姓名：						Job Title 職級：			
Tel.電話：						Fax 傳真：			
Signature and Chop 簽署及蓋章：						Date 日期：			

Permanent Membership Fee 永久會員會費：HK\$10,000.00

* Please send a crossed cheque payable to "**HONG KONG ASSOCIATION FOR INTEGRATION OF CHINESE-WESTERN MEDICINE**" for the permanent membership 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.

請將申請表連同永久會員會費支票(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

HKAIM/ACAD.CORP/2008

僑商業大廈 1901 室，香港中西醫結合醫學會收。