

## 入會申請表

## Membership Application Form

此為樣本表格,正式申請表待學會提供後更換;內容(會員類別、會費等)以學會公布為準。 This is a sample form pending the official version; membership categories and fees are subject to the Association's confirmation.

## 甲、申請類別 A. Membership Category

- 西醫 Western Medicine Practitioner  註冊中醫 Registered Chinese Medicine Practitioner
- 機構/其他 Institution / Other

## 乙、個人資料 B. Personal Particulars

姓名(中文) Name (Chinese) \_\_\_\_\_ 姓名(英文) Name (English) \_\_\_\_\_

電郵 Email \_\_\_\_\_ 電話 Phone \_\_\_\_\_

通訊地址 Correspondence Address \_\_\_\_\_

## 丙、專業資料 C. Professional Details

專業資格 Professional Qualifications \_\_\_\_\_

執業註冊編號 Registration No. \_\_\_\_\_ 發出機構 Issuing Council \_\_\_\_\_

現職機構/職位 Practice / Position \_\_\_\_\_

請隨表格夾附專業資格證明文件副本。 Please enclose copies of documents in support of your professional qualifications.

## 丁、聲明 D. Declaration

本人聲明以上所填資料真實無訛,並同意於獲接納為會員後,遵守香港中西醫美容醫學學會之章程及專業操守要求。

I declare that the information given above is true and correct, and agree, upon admission, to abide by the Articles of Association and the professional standards of the Association.

申請人簽署 Signature of Applicant

日期 Date

## 本欄由學會填寫 For Office Use Only

收件日期 Received

審批結果 Decision

會員編號 Membership No.