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| 台灣傳統暨替代醫學協會**贊助會員**入會申請書 | | | | | | | | | | | | | | | | | |
| **姓名** |  | | **性別** | 男□ 女□ | | | **出生年月日** |  | | | | | **身分證統一編號** | |  | | |
| **服務單位** |  | | | | | | | **職稱** | |  | | | | | | | |
| **最高學歷** | 學校：  科系所：  學位：博士□ 碩士□ 學士□ | | | | | | | **經歷** | |  | | | | | | | |
| **地址** | 永久地址 | □□□-□□ | | | | | | | | | | | | | | | |
| 通訊地址 | □□□-□□ | | | | | | | | | | | | | | | |
| **電話** | O:( )  Mobile: | | | | **傳 真** | O:( ) | | | | | | **E-mail** | |  | | | |
| **申請人簽名** |  | | | | **申請日期** |  | | | \***核准日期** | |  | | | \***會員號碼** | |  | |
| [**學會電話: 02-28201999**](Tel:(02)33664130) **#2531**  **學會傳真: 02-28204788**   1. 請務必填寫郵遞區號。 2. 有 \* 符號之欄位，由本協會之工作人員填寫。 3. 贊助會員入會費用500元，請於繳交申請書後，匯款於學會指定帳戶，詳見協會網頁https://www.tatcm.org.tw/%e5%85%a5%e6%9c%83%e6%b5%81%e7%a8%8b/。 | | | | | | | | | | | | | | | | |