



ASSOCIATION OF CHINESE MEDICINE OF THE SCHOOL OF CHINESE
MEDICINE OF THE CHINESE UNIVERSITY OF HONG KONG LIMITED

Membership Application Form
香港中文大學中醫學院中醫學會有限公司
會員申請表

姓名(英文) _____ (中文) _____
Name(In English) : _____ (In Chinese): _____
身份證號碼 _____ 出生日期 _____ 性別 _____
ID No : _____ Date of Birth : _____ Gender : _____
電話 _____ 傳真號碼 _____
Telephone : _____ Fax No : _____
流動電話 _____ 電郵地址 _____
Mobile Phone : _____ Email Address : _____
通訊地址 _____
Correspondence Address : _____

- 學生證號碼 / CUHK Student No. (USID) _____
 教職員號碼 / Staff Number. (Staff ID): _____

Qualifications 學歷			
課程 Course	院校 college/uni	學位 Degree	畢業年份 year of Graduation

中醫相關學歷 Relevant Qualifications			
Examination/Awarding Institution 考試/頒授學歷機構	Subject/Degree Awarded 學科/獲頒授學位	Grade 成績	Date of Award 頒授日期

- 專上學院 學士 碩士 博士 博士後
 Undergraduate Studies Bachelor Master PhD Post-Doctoral

註冊中醫/表列中醫編號(如有)

Registered CMP/Listed CMP No(If any) : _____

學生會員將畢業後自動成為基本會員

Student Member will become ordinary member of be graduation from CUHK .

會員類別	基本會員/會友	全日制學生會員
Types of Membership	Ordinary Member/ Friendly Member	Full-time Student Membe
入會費/Membership Fee	HK\$200	HK\$50

請參看[會員類別]並以「x」表示.

Please refer to “Types of Membership” and use a 「x」 to indicate.

欲申請為 學生會員 基本會員 會友會員

I wish to apply for Student Member Ordinary Member Friendly Member

請附劃線支票抬頭寫“香港中文大學中醫學院中醫學會有限公司”,以支付入會費.(支票號碼. Cheque No: _____)

Please attach crossed cheque for HK\$_____ payable to “ Association of Chinese Medicine of School of Chinese Medicine, The Chinese University of Hong Kong Ltd.” for payment of membership fee.

本人希望申請成為香港中文大學中醫學院中醫學會會員,並願意遵守該會會章及守則.

I hereby apply to be Member of Association of Chinese Medicine of School of Chinese Medicine. The Chinese University of Hong Kong Ltd., and will observe all the regulations code of professional standards thereof.

申請人簽名

日期

推薦會員(如有)

Applicant Signature: _____ Date : _____ Proposer(if any) : _____

For Official Only			
Application received by: _____ (/ /)		Approved	
		Yes	No
Verify Qualification 資料核實	Verified by: _____ (/ /)		
Membership Fee Received 會費收妥	Receipt acknowledged by: _____ (/ /)		
Issuance of Certificat 證書發出	Certificate(s) prepared by: _____ (/ /)		
Join Groups 加入群組	Programmes connect communication by: _____ (/ /)		
Remarks:			

郵寄地址：九龍上海街 104 號地下

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