**亞洲乳房整形重建學會 會員入會申請書**

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| **中文姓名** |  | | | **性別** |  | | | **出生年月日** | |  | | | | | **出生地** |  |
| **英文姓名** |  | | | **身分證統一編號** | | | |  | | | | | | | **專業證書字號** |  |
| **學歷** |  | | | | | | | | | | | | | | | |
| **經歷** |  | | | | | | | | | | | | | | | |
| **現職** | **專業/科別：** | | | **服務單位** | | | | | | | **電話** | | | | | **傳真** |
|  | | |  | | | | | | |  | | | | |  |
| **服務地址** | **郵遞區號** | | | | | | | | | | | | | | |
| **通訊地址** | **郵遞區號** | | | | | | | | | | | | | | | |
| **住家電話** |  | | | **傳真** | |  | | | | | | | | **手機** | |  |
| **E-mail** |  | | | | | | | | **申請類別** | | | **□創始會員 □普通會員 □贊助會員 □榮譽會員** | | | | |
| **贊助會員、榮譽會員**  **需二名理事推薦** | **推薦人**  **簽章1** | |  | | | | | | | | | **推薦人**  **簽章2** | | |  | |
| **申請人： （簽章）**  **中華民國　 　　年　　 　月　 　　日** | | | | | | | | | | | | | | | | |
| **審查結果** |  | | | | | **會員**  **類別** |  | | | | | | **會員**  **證號** | |  | |

請附畢業證書影本、相關醫護技證書影本、身分證影本(正反面)

寄至『台灣桃園市龜山鄉3305 復興街5號教育大樓2樓 亞洲乳房整形重建學會』收

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