

Application for Member
AUSTRALIAN CHINESE MEDICINE YUNQI ASSOCIATION
澳大利亚中医运气学会申请表

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|--|--------------|---|-----------------|-----------------------|
| Name 姓名 | | Educational Institution & Degree 最后学历及毕业院校 | | 1 Inch Photo 一寸证件照 |
| Sex 性别 | | Major and Specialty 专业及专长 | | |
| Birth Date 出生年月 | | Professional Title 职称 | Job Title 职务 | |
| Language and Proficiency 使用语种及熟练程度 | | | | Country 国别 |
| Work Unit 工作单位 | | Wechat no 微信号 | | Telephone No. 电话 |
| Mailing address 通讯地址 | | E-mail 电子邮件 | | Mobile 手机 |
| Brief introduction to your professional career 个人学习、工作经历 | | | | |
| Time 时间 | Work Unit 单位 | | | Job Title 职务 |
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| Academic achievement & Main Papers and publications 学术成就及主要论著: | | | | |
| | | | | |
| Signature (申请人签名) | | Signature of Chairperson (会长签名) | | |
| Date: | | Date: | | |
| _____年____月____日 | | _____年____月____日 | | |