

瑞华中医研学会入会申请表

姓名		Name			
Gender 性别	Date of Birth 出生日期		Telephone 电话		
Correspondent Address 通讯地址					
Email					
Company 公司					
Work Address 工作地址					
Education 教育背景					
Work Experience 工作经历					
Signatur 签名			Date 日期		

Declaration: By signing this form, I formally request to become a Member of Swiss-Sino Association for TCM and authorize the Council to carry out whatever inquiries it considers necessary in connection with application.