

# 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			
Signature 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.