



澳門中醫生公會
ASSOCIAÇÃO DOS MÉDICOS DE MEDICINA TRADICIONAL CHINESA DE MACAU

Membership Application Form 入會申請表

Personal Information 個人資料

(Please specify both Chinese and English Names) 請填上中英文姓名

Surname 姓: _____

Given Name 名: _____

Date of Birth 出生日期 (D/M/Y): ____/____/____ Sex 性別: _____

Marital Status 婚姻狀況: Single 未婚 Married 已婚 Divorced 離婚

Email Address 電子郵箱: _____

Home Address 住址: _____

Home Telephone 住址電話: _____ Contact Telephone 聯絡電話: _____

Identification Number: (select one only) 證件號碼 (請選擇其中一項)

Macau Residence ID Card No. 澳門居民身份證號碼 _____

Passport No. 護照號碼及國籍 (Specify Nationality) _____

Other (Specify) 其他 (請列明) _____

Date of Issue 簽發日期 (D/M/Y): ____/____/____

Expiry Date 有效日期 (D/M/Y): ____/____/____

Language Proficiency 語言能力:

English 英文 Chinese 中文 Other(specify) 其他(請列明) _____

Education Information 學歷資料

Degree Awarded 學位名稱: _____

Name of Institution 學校名稱: _____

City/Country 學校所在城市/國家: _____

Year of Graduation 畢業年份 (M/Y): ____/____ Duration of Program 課程年期: _____

Other Degree(s) & Diploma(s) and Date(s) 其他學位或專科證書及其年份: _____



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Employment Information 工作資料

Years Employed as a TCM Doctor 中醫工作年資: _____

Employment Status 職業狀況: Employed 在職 Not employed 未在職
 Employed other than TCM Doctor 中醫生以外之職業

Name of Facility 工作單位名稱: _____

Address 地址: _____

Telephone 電話: _____

Declaration 聲明

By signing below, I fully understand and agree to abide by the rules and regulations of the Macau Traditional Chinese Medicine Doctors Association. 本人清楚明白有關公會之章程, 並同意遵守。

Signature 簽名: _____ Date 日期: (D/M/Y) _____/_____/_____

Enclosures Required 請將表格連同以下各項 一併交回:

1. 2 passport size photos 兩張寸半證件相片
2. Photocopy of Identification 證件副本
3. Photocopy of TCM Degree Certificate 中醫學位證書副本

Office Use Only 內部專用

Date Received(D/M/Y): _____/_____/_____ Received by: _____

Amount Paid \$: _____ Payment Method: Cheque Cash

After review of membership application by the Executive Committee, membership is:

- Approved. Member ID: _____
 Not Approved. Reason: _____

Signature: _____ Date: (D/M/Y): _____/_____/_____