台灣肺癌研究學會團體會員入會申請書

　　　　申請日期：　　　年　　　月　　　日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 團體/公司/商業名稱(中文) | | | | | | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 團體/公司/商業名稱(英文) | | | | | | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 負責人 |  | |  |  | 團體立案/公司登記/ 商業登記字號 | | | | | | | | | | | | 發證單位 | | |  |  |  |  |  |
| 地址 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 推薦  理事 | 推薦理事1 | | | |  | | | | 推薦理事2 | | | | |  | | | | | 審查結果(請勿填寫) | | | | | |
|  | |  |  |  | | |  |  |
| 聯絡人 | 姓名 | | | |  | | | | | | | | | | | | | | | | | | | |
| 市內電話 | | | | ( |  | ) |  | | | | | | | | | | 分機： | | |  | | | |
| 行動電話 | | | |  | | | | | | | | | | | | | | | | | | | |
| 電子信箱 | | | | 1 | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | 2 | | | | | | | | | | | | | | | | | | | |
| 會員代表 | 職稱 | |  |  | |  | 姓名 | | |  |  |  |  |  | 性別 | |  | 身分證字號 | | | |  |  |  |
| 地址 | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 會員代表簽名或蓋章 | | | | |  |  | 團體及負責人簽名或蓋章 | | | | | | | | |  |  |  |  |  |  |  |  |  |
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備註：

申請時須檢附團體相關證明文件影本，

所有證件影本僅供查核，概不退還。

入會費新臺幣20000元；常年會費15000元。

入會申請書填寫完成後，請連同團體證明影本郵寄至:

100229台北市中正區常德街1號景福館台灣肺癌研究學會收

待理事會審查通過後，將寄發繳納會費通知。