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| 附件一  社團法人台灣建築醫學學會 個人會員入會申請書 | | | | | | | | |
| 姓名 |  | | 性別 |  | 出生年月日 | | |  |
| 身分證  統一編號 |  | | | | | | | |
| 學歷 |  | | | | | | | |
| 經歷 |  | | | | | | | |
| 現職 |  | | | | | | | |
| 通訊住址 |  | | | | | | | |
| 連絡電話 | (O): |  | | | (H): | |  | |
| 傳真: |  | | | 手機: | |  | |
| E-mail |  | | | | | | | |
| 申請人  簽名 |  | | | | | | | |
| 審查結果 |  | | | | | | | |
| 會員類別 |  | | | 會員證號碼 | |  | | |
| 申請人: (簽章)  中華民國　　　年　　　月　　　日 | | | | | | | | |