附件二

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 社團法人台灣建築醫學學會 團體會員入會申請書 | | | | | | | | | | | | | | |
| 團體名稱 |  | | | 公司行號  統編 | | |  | | | 電話 | | |  | |
| 通訊地址 |  | | | | | | | | | 傳真 | | |  | |
| 負責人 | 姓名 | |  | | 出生  日期 | | |  | | 性別 | | |  | |
| 學歷 | |  | | 電話 | | |  | | | | | | |
| 職稱 | |  | | E-mail | | |  | | | | | | |
| 成立日期 |  | | 員工人數 | |  | | | 營利事業登記證字號 | |  | | | | |
| 發證機關 |  | | | | 業務項目 | | |  | | | | | | |
| 審查結果 |  | | | | | | | | | | | | | |
| 會員類別 |  | | | | | | | 會員證號碼 | | |  | | | |
| 申請人: (簽名)  中華民國 年 月 日 | | | | | | | | | | | | | | |
| 代理人1 | | 姓名 |  | | | 出生日期 | | |  | | | 性別 | |  |
| 學歷 |  | | | 電話 | | |  | | | | | |
| 職稱 |  | | | E-mail | | |  | | | | | |
| 代理人2 | | 姓名 |  | | | 出生日期 | | |  | | | 性別 | |  |
| 學歷 |  | | | 電話 | | |  | | | | | |
| 職稱 |  | | | E-mail | | |  | | | | | |
| 代理人3 | | 姓名 |  | | | 出生日期 | | |  | | | 性別 | |  |
| 學歷 |  | | | 電話 | | |  | | | | | |
| 職稱 |  | | | E-mail | | |  | | | | | |