全球中醫藥醫學會聯合會

Global Federation of Traditional Chinese Medicine Associations

團體會員入會基本資料

|  |  |  |
| --- | --- | --- |
| 團體中英文名稱 |   |  |
| 成立日期 |   | 會員人數 |   |
|  主管機關 |   |
| 團體立案證號 |   |
| 會址 |   |
| 聯絡方式 | 姓 名 職 稱 室內電話 |   |
|  職 稱職 稱職 稱 |   |
| 行動電話 |   |
| 電子信箱 |   |
| 團體負責人理事長資料 | 姓 名 |   | 職 稱 |   |
| 聯絡電話 |  |

負責人簽名: (請親自簽名並加蓋團體章戳)

 申請日期：中華民國 　 年　　 月 日

說明：

一、全球中醫藥醫學會聯合會會址：台北市中正區青島西路11號14樓

 電話：(02)2381-5678 電子信箱：gftcma@gmail.com。

二、團體會員推派(選)之代表，依章程所訂代表人數10人

三、全中聯於召開會員代表大會30天前，函請團體會員推派代表出席代表大會。

Global Federation of Traditional Chinese Medicine Associations

Basic Organization-Member Information

|  |  |  |
| --- | --- | --- |
| Organization Name (Chinese and English)  |  |  |
| Date of Establishment |  | Number of Members |  |
| Competent Authority |  |
| Group Registration No. number |  |
| Corporate Address |  |
| Contact Information | Name |  |
| Title |  |
| Mobile |  |
| Email |  |
| Person in Chargeof the Organization | Name |  | Job Title |  |
| Tel. |  |

 Signature:

(Please sign in person and stamp with organizational seal)

Date of Application:

**Notes**

1. Contact information for the GFTCMA
2. Address: 14th Floor, No. 11 Qingdao West Road, Zhongzheng District, Taipei City 100, Taiwan

Telephone: 02-2381-5678 Email: gftcma@gmail.com

1. Group members shall appoint (elect) representatives, with the number of representatives set at 10 according to the GFTCMA bylaws.
2. The G.F.T.C.M.A. shall request group members to appoint representatives to attend the representative assembly 30 days prior to the meeting.