



全球華人公共衛生協會有限公司  
The World Association of Chinese Public Health Professionals Limited

永久/普通/準會員申請表

Application Form for Life/ Ordinary/ Associate Member

1. 個人資料 Personal Information:

會員類別 Type of Membership:  永久會員 Life  普通會員 Ordinary  準會員 Associate

稱呼 Title:  教授 Prof.  醫生 Dr.  先生 Mr.  太太 Mrs.  女士 Ms.  小姐 Miss

姓名 Name: (英文 English) \_\_\_\_\_ (中文 Chinese) \_\_\_\_\_

身份証號碼/護照號碼 Identity Card/ Passport Number: \_\_\_\_\_ 年齡 Age: \_\_\_\_\_

職業 Occupation: \_\_\_\_\_ 聯絡電話 Contact Tel.: \_\_\_\_\_

電郵 E-mail: \_\_\_\_\_ 傳真 Fax: \_\_\_\_\_

郵寄地址 Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. 學歷/專業資格 Academic/ Professional Qualification Attainment:

學歷/專業資格 (年份) Academic/ Professional Qualification held (Year attained)	簽發機構 Issuing Institute

請在適當位置加上“✓”號 Please tick where appropriate

\* 請刪去不適用者 Please delete where inappropriate

### 3. 過去五年的工作經驗 Working Experience for Past 5 Years:

時期 Period	機構名稱 Name of Organization	職位 Position held

### 4. 聲明 Declaration:

本人謹此申請成為「全球華人公共衛生協會」的會員，並願意遵守協會條款內所列明的會員守則。 I hereby apply to become a member of the World Association of Chinese Public Health Professionals and agree to comply with all the rules of membership of this Association as set out in the Memorandum and Articles.

簽名 Signature: \_\_\_\_\_ 日期 Date: \_\_\_\_\_

\*請以劃線支票繳付費用。支票抬頭請寫：「全球華人公共衛生協會有限公司」。請勿郵寄現金。 The Fees should be paid by a crossed cheque, which should be payable to "The World Association of Chinese Public Health Professionals Limited". Do not mail the cash.

	普通會員 Ordinary	永久會員 Life	準會員 Associate
入會費 Entrance Fee	HK\$200	HK\$200	HK\$200
會費 Membership Fee	HK\$100 (每年 per year)	HK\$1,000 (一次過繳付 once-off payment)	HK\$70 (每年 per year)

\*請連同支票將填妥的表格寄回協會秘書處：香港灣仔皇后大道東 266 號地下「林貝聿嘉健康促進及教育中心」收。  
Please mail the cheque with the completed application form to the Association's Secretariat: Peggy Lam Health Promotion and Education Centre, G/F., 266 Queen's Road East, Wanchai, Hong Kong.

### 請勿填寫此欄 For Official Use

繳費方法 Paid by:  現金 Cash  支票 Cheque (支票號碼 Cheque No.: \_\_\_\_\_)

批核人 Approved by: \_\_\_\_\_ 備註 Remarks: \_\_\_\_\_  
\* President/ Honorary Secretary General

簽名 Signature: \_\_\_\_\_ 日期 Date: \_\_\_\_\_

\* 以上資料僅供申請成為「全球華人公共衛生協會」的會員紀錄之用，並受到個人資料(私人)條例保障。  
According to the Personal Data (Privacy) Ordinance, all the information provided is only used for enrolment as member of the "World Association of Chinese Public Health Professionals" for record keeping purposes only.

請在適當位置加上“✓”號 Please tick where appropriate

\* 請刪去不適用者 Please delete where inappropriate