

Membership Application Form 會員申請表

**Please fill IN BLOCK LETTERS 請以正楷填寫

PERSONAL INFORMATION OF APPLICANT 申請人個人資料

CHINESE NAME 中文姓名：_____

ENGLISH NAME 英文姓名：_____

DATE OF BIRTH 出生日期〔D 日 M 月 Y 年〕：_____

☐ MALE 男 ☐ FEMALE 女 APPLICANT'S ID NO. 身份證號碼：_____

ADDRESS (No P.O. Box Address) 住宅地址〔不接受郵政信箱〕

DISTRICT 地區：☐ HK 香港 ☐ KLN 九龍 ☐ NT 新界 ☐ OTHER 其他：_____

HOME TEL 住宅電話：_____ OFFICE TEL 辦公室電話：_____

MOBILE 手提電話：_____ E - MAIL 電郵地址：_____

CHOICE OF MEMBERSHIP 請選擇欲申請之會員類別

☐ Sponsor Member 贊助會員 ☐ Student Member 修讀會員

☐ Registered Member 註冊會員

APPLICANT'S EQUIVALENT QUALIFICATION 申請人擁有之相關專業資格

*〔Sponsor Member Applicant do not need to fill in this part 贊助會員申請人不用填寫〕

** Photocopies of equivalent certificate must be submit 需提交相關學歷證明副本

	Name of College & Course 學院及課程名稱	Grade 課程等級	Date of Graduate 完成日期
1			
2			
3			
4			
5			
6			

近照兩張
(2吋證件相)

SPONSOR MEMBER INFORMATION 介紹會員資料

Sponsor Name 介紹會員名稱：_____ Sponsor No. 介紹會員號碼：_____

條款細則

- 會員之申請資格：
 - 贊助會員 -- 凡熱愛及支持順勢療法，願意認識或學習順勢療法的人士均可申請。
 - 學生會員 -- 凡持有順勢療法相關專業文憑資格的人士均可申請。
 - 註冊會員 -- 凡持有專業順勢療法執業文憑資格的人士均可申請，並需由一位本醫學會的註冊會員作出書面推薦。
- 申請者於遞交申請表之同時必需提交近照兩張。
- 如有任何爭議，皆以本會之會員守則及相關公佈為準，另本會保留對一切條例最終之修改及決定權。

TERMS AND CONDITIONS

- Membership Application Qualification:
 - Sponsor Member — One who adores and support in Homeopathy, willing to study in the field of Homeopathy.
 - Student Member — One who has equivalent certificate or diploma in the field of Homeopathy.
 - Registered Member — One who has equivalent professional diploma or degree in the field of Homeopathy.And has been referred by a registered member of HKAH with a written recommendation
- Applicant must submit TWO photos.
- If there is any dispute, must be subject to HKAH Membership rules and relevant announcement, HKAH reserves the right of final decision.

APPLICANT SIGNATURE 申請人簽署

*My signature indicates that I have read this form before signing the signing the application and I agree to accept all the terms and conditions. 本人簽名確認已細閱及同意接納本申請表所述之事項。

Applicant Signature 申請人簽署

Date 日期：D 日 M 月 Y 年

**This section fill by the association 此欄由本會填寫

Accept 批核： ☐ Yes 是 ☐ No 否

Remarks 備註：_____

Member Classification 所屬會員類別

- ☐ Sponsor Member 贊助會員 ☐ Student Member 學生會員
☐ Registered Member 註冊會員

Member No. 會員號碼：_____ Date 日期：_____