

亚太卫生健康协会会员/委员 申请审核表

Asia-Pacific Health Association Membership Application

姓 名 Name		出生日期 Date of birth	
性 别 Gender		民 族 Nationality	
证件类型/号码 ID type\Number		政治面貌 Political status	
专业类别 Professional category		职 称 Professional title	
职 务 Position		E-mail	
手机号 Mobile phone		微信或推特 WeChat or Twitter	
推荐人 Recommended by			
拟申请专业及分会 Proposed Professional and Branch Association			
拟任职务 Proposed Position			
工作单位 Work unit			
通信地址 Mail address			
个人简介 Personal Profile			

单位意见(盖章) Opinions from myself and the HR department of the company	协会意见 Opinions of social organizations
我自愿加入亚太卫生健康协会会员，认真履行协会及关联平台任命职务所赋予的权利和承担的义务，致力于亚太区域医疗卫生健康事业的交流互通与不断提高，为亚太卫生健康事业发展贡献力量。 I voluntarily join the Asia Pacific Health Association as a member, conscientiously fulfilling the powers and obligations assigned by the association and its affiliated platforms, and committed to the exchange and continuous improvement of medical and health services in the Asia Pacific region, contributing to the development of the Asia Pacific health industry. 申请人 Applicant(签字/印章 seal) 年 月 日 Specific date:	经办人 Handled by: (印章 seal) 会员类别 Membership Category: 会员号 Member ID: 任职 Appointment: 委员证号 Committee Member ID: 年 月 日 Specific date:

- 注：
1. 本申请表须经本人填写并经所在机构科教或人事部门审批盖章；申请中可上传图片形式，正式上传版须是 PDF 格式；
 2. 按要求提交本申请表、经审核通过并缴费后，获得亚太卫生健康协会会员资格，进入委员遴选流程；