# Membership Application 会员申请书

International Association of Clinical Biomechanics Limited (IACB)



China version

Please read the Membership Information before completing this form

Person	al Det	tails 个人的	<b>资料</b>			
Affix phot 贴上相片	Su 城		ne/Mobile <i>(forofficeuseonly)</i>	<b>State</b> 省	<b>Postcode</b> 邮政编码	
<b>Email</b> 电邮地址		·	, , , ,			
Gender 性别	Female 女	□ Male □ 男				

Country of Birth 出生地国家

Have you been known under any other name/s?	Yes □	No □	(If yes, please state names)
有无其他知名的名字	是		若是,请列出名字
(If your name is different on any of your documenta	tion, ev	idence	e of legal name change may be required)

### Membership Type 会员种类

What is your country of citizenship?

性别

Date of Birth 出生年月日

哪国的居民

Doctor/Practitioner □ Student Associate Member □ 学生 执业医生 协会会员

## Education Qualifications 教育背景资料

Name of qualification 学历						
<b>子</b> 川						
(Please attach certified copies of all qualifications) 附上教育证书						
Name of teaching institution you attended 列出曾就学的机构						
Address of teaching institution you attended 曾就学过机构的地址						
Date studies commenced 入学的日期	Date qualification awarded 取得证书资料的日期					
Name of other Association/s of which you are a member: 参与其他协会的名称						

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International Association of Clinical Biomechanics Limited



#### Clinic Details 门诊资料

主要看诊的场所及地址		aress required,	not FO).		
			Postcode	State	
Suburb 城市			邮政编码	——————————————————————————————————————	
孙(1)			叫以编刊	Ħ	
Note: This email address	s will be used to log	g into the membe	ers only section of the A	ssociations website.	
Clinic website address 门诊网址					
Foradditionalclinicaddre 提供其他门诊的地址	essespleaseprovide	e all the above det	ails on a separate piece of	paperandattachittoyo	urapplication.
Doyou offer a mobile ser 是否提供手机服务	vice? Yes □ No □ 是 否	Do you make ho 是否做到家看记	me visits? Yes□ No □ 是 否		
Areyoufluentinalangua		sh? Yes□ No□			
除了英文,是否善于其	他语言	是否	若是,请说明		
Additional Information 其他数据					
How did you hear about u 如何知道IACB?	u <b>s?</b> □ Presentatio 报告/实位		turers □ Social Media (μ 星	olease specify)	
Other (please specify) 其他	111 11 1 12 1	75-47-17-17-17-17-17-17-17-17-17-17-17-17-17	工		
Thave attached all of the 我已附上所有要求的了		red: Yes □ No □ 是 否	]		
Membership Fees for All Countries 全球会员收费表					
Membership - Annual	Fee	US\$50.00			

Prices are correct at time of publication, but are subject to change without notice. For applicants who do not proceed with membership, the administrative fee will be forfeited.

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## Membership Application会员申请书

**International Association of Clinical Biomechanics Limited** 



#### Payment Details 付款资料

存入下列账户口

户名: 陈秀莺

开户银行:中国银行深圳地铁支行

账号:775762599119

#### **Declaration**

Have you ever been convicted of a criminal offence, had a complaint made against you considered by a complaints or disciplinary body including other associations, been suspended or expelled from another association, or been investigated, suspended or deregistered as a provider from a health fund? Yes  $\square$  No  $\square$ 

If yes, please provide details on a separate page.

Ideclare that the information in this application and supporting documentation is true and correct. I agree to abide by the International Association of Clinical Biomechanics Constitution, Code of Conduct and official policies.

Signature	Date

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