Membership Application 會員申請書

International Association of Clinical Biomechanics Limited $\,(\,IACB\,)\,$





Please read the Membership Information before completing this form

Personal Details 個人資	料	
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	Title			
	頭銜 First Name			
	名字			
	Surname			
Affix photo here	姓 Postal address			
貼上相片				
	郵遞地址 Suburb		State	Postcode
	城市 Hometelephone/Mobile <i>(ford</i>	office use only)	State	那的编碼
	Hometelephone/Mobile(ford	mice use only)		
Email				
電郵地址				
中半小0元				
Gender Female	□ Male □			
性別 女 Date of Birth	男			
		Country of Birth 出生地國家		
出生年月日 What is your counti	v of citizenship?	出生物國家		
Have you been kno	wn under any other name/s?	es □ No □ (If yes, please	state names)	
有無其他知名的名	字 rent on any of your documentati	是	谷子	
(ii your name is unie	ent on any or your documentati	on, evidence or legal name	change may be required)	
Mar 1 1	T			
Membership	Type			
Doctor/Practitioner		lember □		
執業醫生	學生 協會會員			
Education Q	ualifications 教育背	旱咨 魁		
Ladoution		永央竹		
Name of qualification				
Name of qualificatio 學歷	М			
<u>::</u> nr				
(Please attach certific	ed copies of all qualifications) 附	上教育證書		
(
	nstitution you attended			
列出曾就學的機構				
	g institution you attended			
曾就學渦機構的世	1 t 1F			
Date studies comm	enced	Date qualificat	tion awarded	
入學的日期		取得證書資料		
	ociation/s of which you are a n		163 19793	
參與其他協會的名				

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Clinic Details 門診資料

My primary clinic address is (full street address required, not PO): 主要看診的場所及地址						
Suburb	Postcode	State 省				
城市	郵政編碼	E				
Note: This email address will be used to log into the	e members only section of the Ass	sociations website.				
Clinic website address						
門診網址 Foradditionalclinicaddressespleaseprovidealltheab	pove details on a separate piece of pa	perandattachittoyourapplication.				
提供其他門診的地址 Doyou offer a mobile service? Yes Do Do you n 是否提供手機服務 是 否 是否做到						
Areyoufluentinalanguageotherthan English? Yes [\square No \square If yes, please specify					
除了英文,是否善於其他語言 是	否 若是,請說明					
Additional Information 其他資料						
How did you hear about us? ☐ Presentation/Materia 如何知道IACB?	課程 計交/媒體	ease specify)				
其他 I have attached all of the documents required: Yes	□ No □					
我已附上所有要求的文件 是	否					
Membership Fees for All Countries 全球會員收費表						
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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Payment Details 付款資料

存入下列帳戶□

戶名:美賓興業有限公司	
甲存帳號: 050031045522	
收款銀行:台灣銀行松江分行	

Declaration

Have you everbeen 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.

I declare that the information in this application and supporting documentation is true and	correct. Lagree to abide by the internationa
Association of Clinical Biomechanics Constitution, Code of Conduct and official polici	es.
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Signature Date

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