**Taiwanese Society of Biomechanics Membership Application Form**

Type of Membership: □ Individual □ Permanent □ Student □ Group

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Gender |  | Date of Birth | (YYYY/MMM/DD) |
| ID Card # |  | Professor Certificate # |  | Medical Certificate # |  |
| Educational Background | School | Department | Graduate (Year/Month) |
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| Experience | Organization | Title | Duration |
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|  |  |  |
| Present Position |  |
| Address | Resident Address | Tel/Mob | Fax |
|  |  |  |
| Postal Address | Tel | Fax |
|  |  |  |
| Email |  |
| Referred by(Necessary) | Name | (signature) | Present Position |  | Membership # |  |
| (signature) |  |  |
|  I support the objectives and the causes of Taiwanese Society of Biomechanics Here’s to Taiwanese Society of Biomechanics Applicant’s signature or seal: Date: |
| Approval |  | Date |  | Membership # |  |
| Please attach a photocopy of any one of the following relevant documents to this application:(1) Professor certificate(2) Medical certificate(3) The university university diploma and relevant publication or credit certificate(4) Organization registration certificate(5) Student Card (Both sides) or certificate of enrollmentPlease ensure to fill in the form and mail it to: contact.tsborg@gmail.com  | Photo |