台灣私立醫療院所協會/團體會員入會申請書

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 團體名稱 | |  | | | | 地址 |  | | | | | | | | 電話 |  | |
| 傳真 |  | |
| 院長/負責醫師 | | 姓名 |  | | | 性別 |  | | | | E-mail |  | | | | | |
| 電話 |  | | | | | | | | 手機 |  | | | | | |
| 學歷 |  | | | | | | | | 經歷 |  | | | | | |
| 成立日期 | |  | | | 職員人數 |  | | | | | 證照字號 |  | | | 發證機關 |  | |
| 業務項目 | |  | | | | | | | | | | | | | | | |
| 聯絡人 | | 姓名 | |  | | 性別 | | |  | | | 職稱 |  | | E-mail |  | |
| 電話 | |  | | 手機 | | |  | | | 傳真 |  | | Line ID |  | |
| 申請團體名稱： 大小章： | | | | | | | | | | | | | | | | | |
| 審查結果\* |  | | | | | | | 會員類別\* | |  | | | | 會員編號\* | | |  |
| 中華民國 年 月 日 | | | | | | | | | | | | | | | | | |

\*由協會填寫