



FOR OFFICE USE

Membership # _____

Date Joined _____

會員申請表 MEMBERSHIP APPLICATION FORM

個人資料 PERSONAL INFORMATION Please ✓ the appropriate boxes 請在適用空格填上✓

小姐 Miss 女士 Ms 太太 Mrs 先生 Mr

姓 Surname _____ 名 Name _____

地址 Address _____

聯絡電話 Tel No. _____ 手電 Mobile No. _____

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*婚姻狀況 Marital Status _____ *職業 Occupation _____

可選擇填寫 Optional

接收通訊方式 Receive news and information from MedArt by 電郵 Email 郵寄 Post

會費 MEMBERSHIP FEE :

醫藝盟永久會員 MedArt life member \$50 (by cash or cheque)

醫藝盟永久會員會費豁免 membership fee waiver

捐款 DONATION :

我願意捐款支持「醫藝盟繫心中國醫者計劃」 I would like to make a donation to MedArt China Orphan Outreach Programme:

捐款 donation:

HK\$200 HK\$300 HK\$500 HK\$1,000 HK\$ _____

付款方法 PAYMENT METHOD:

劃線支票 Crossed Cheque (支票抬頭請寫 'Med-Art Limited' please make payable 'Med-Art Limited')

支票號碼 Cheque no: _____

多謝 THANK YOU!!

港幣\$100 或以上捐款可申請免稅 (稅局檔號 91/6927) Donation of HK\$100 or above are tax-deductible (IR File No.91/6927)

簽名 Signature: _____

日期 Date: _____

請將填妥之表格聯同支票寄回 醫藝盟香港中環畢打街中建大廈631室

Please fill in this form and mail to:

MedArt, Suite 631, Central Building, Pedder Street, Central, Hong Kong.

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