台北市醫療器材商業同業公會 會籍暨會員代表登記卡 編號：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 公司行號名稱 | | | （中文） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 入會日期 | | | | | | | | | |  | | | | 年 | | 月 | | |  | | 日 |
| （英文） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 登 記 地 址 | | | （中文）□□□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 電話 | | | | | |  | | | | | | | | | | | |
| 通 訊 地 址 | | | （中文）□□□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| （英文） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 傳真 | | | | | |  | | | | | | | | | | | |
|  | 負 |  |  | | | | |  | | | | | 責 | | |  | | |  |  | | |  |  | |  | | |  | |  |  | | 人 | | |  | |  | |  |  | | | | |  | | 會 | | |  | |  |  | | | | 員 | | | |  | | |  | |  | | |  | | 代 | | |  | | | |  | | 表 | | |  | |  |
| 姓 | 名 |  | | | | | | | | | | | | | | | 手機號碼 | | | | | |  | | | | | | | | | | | | | | | | | | | 姓 | | | | |  | | 名 | | |  | | | | | | | | | | | | | | | | | | 手機號碼 | | | |  | | | | | | | | | | | | | |
| 出生年月日 | |  | 年 | | | | | 月 | | | | |  | | | 日 | | | 出生地 | | | | | | | |  | | | | | | | | | | | | | | | 出生年月日 | | | | | | | | | |  | |  | 年 | | | |  | | | | 月 | | |  | | 日 | | | 出生地 | | | | | | |  | | | | | | | | | |
| 身份證字號 | |  |  |  | |  | |  |  | |  | | |  | |  | | |  | | | 職稱 | | | | |  | | | | | | | | | | | | | | | 身份證字號 | | | | | | | | | |  | |  |  | |  | | |  | |  | | |  | | |  | |  |  | | | 職稱 | | | |  | | | | | | | | | |
| 統 | 一 | 編 | 號 | | |  | | |  | | | |  | | |  | | | |  | | | |  | | | | |  | | |  | | | 資本總額 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 填 表 人 | | | | | | | |  | | | | | | | | | |
| 營業項目（限 **34**  個字以內） | | | |  |  | |  | | |  | |  | | |  | | |  | | |  | | | |  | | |  | |  | | |  | | |  | |  | |  | | | |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | |  | | |  | | |  | |  | |  | |  | |  |  | |  | |
| 行 業 類 別  (請√選) | | | | □製造業者 □輸入業者 □經銷業者 □販賣業者 □維修業者 □租賃業者 □二手(回收)業者 ※可複選 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 公司網址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **E-MAIL** | | | | | | | 本會會務公文傳遞均以E-MAIL通知，請務必填寫E-MAIL。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

※公司名稱/統一編號/公司地址/電話/網站/營業項目，將登錄於本會公會網站 □同意 □不同意

公司行號 （蓋章） 負責人 （蓋章） 會員代表 （蓋章）