

Application Membership Chinese translation

Please write your postal address in English. Could you also sign and print your full name in English.

請以英文書寫你的郵寄地址、姓名和簽署。

APPLICATION FOR IFPA MEMBERSHIP.

IFPA 會員申請表

Name 姓名.....Date of Birth 出生日期.....

Address 地址.....

.....

Post Code 郵政編號.....Phone (Day Time Contact)電話號碼(日間)

E-mail address 電子郵箱.....Website address 網址.....

Aromatherapy Training Course 香薰治療課程

Course Commencement Date.....Date Diploma Received.....

課程開始日期

獲發證書日期

Anatomy & Physiology Course 解剖生理學課程.....

First Aid Course 急救課程.....Expiry Date 到期日

.....

Additional professional qualifications/areas if expertise:

額外專業資格/專業範疇：

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I have read the Code of Conduct and Conditions of Membership and agree to abide by them. Please initial: I enclose copies of my qualifications and I enclose payment for the appropriate fee as indicated on the remittance slip enclosed within the information pack.

我已閱讀會員的專業守則和條件，並同意遵守。現簽署作實。

隨函附上所有證書副本，以及按資料夾中滙款單所列金額繳交費用。

Signed 簽署..... Date 日期.....

FOR OFFICE USE ONLY 內部專用

Membership No:.....Fees:

會員編號

會費

Membership.....

會籍

Insurance.....

保險