

## Taiwan Health Food Society Professional Membership Application Form

Name		Sex	M F	Birth Date		National ID No.	
Education	School: Major: Degree:			Experience			
Work Unit					Title		
Address	Permanent Address	□□□□-□□					
	Mailing Address	□□□□-□□					
Contact	O: (    ) H: (    )	Fax	O: (    ) H: (    )			E-mail	
Referee's Name		Application Date		*Approval Date		*Members hip No.	<b>P</b>
Applicant's Signature							

1. Please be sure to include your postal code. 2. Our staff will fill in the section marked with \* sign

## Taiwan Health Food Society Payment Information :

**Admission Membership Fees** 200 NTD: For the first time applicants

**Annual Membership Fees** :

Student Membership:	300 NTD
Professional Membership:	500 NTD
Patron Membership:	700 NTD & Up
Group Membership:	10000 NTD

Postal Transfer Bank Account: Taiwan Health Food Society, Mr. Pan Min-Hsiung

Postal Transfer Bank Account No: 50429394

Fax: (02) 3366 1771

Mailing Address : Institute of Food Science and Technology, Room 408

106319 No.1 Roosevelt Rd Sec 4, Da'an District, Taipei City106

**Email Address** : taiwanhealthfood@gmail.com

After the application for membership and all relevant attachments are delivered, the fee can only be paid after it has been reviewed and approved by the Board of Directors meeting. After payment, please fax the receipt to our society (or scan and email to us); Except for group membership, the receipt title name is made out to each individual member.

- Please indicate name(s), items of payment and payment year when faxing or mailing receipt(s) to our society.