

姓名：
性别：
出生日期：
电话：
邮件：

中国韵律按摩疗法协会（筹）会员申请表

职业 职位，单位
工作职责

职称资格
及教育经历 培训名称
培训内容及时间；
培训名称
培训内容和时间。
学历/学位
毕业院校及时间
学历/学位
毕业院校及时间

类型 ☐ 专业会员 ☐ 协会之友

期待 请描述对协会的期待及建议。

支持 协会的发展需要所有会员的支持与参与。如果你愿意为协会的发展出一份力，请描述你可为协会提供的何种支持，包括但不限于会务管理、活动组织、翻译、宣传推广等。

Name :

Gender :

Date of Birth :

Tel :

Email :

RHYTHMICAL MASSAGE THERAPY ASSOCIATION CHINA MEMBERSHIP APPLICATION FORM

PROFESSIONAL

TITLE, COMPANY

Job description.

QUALIFICATIONS

NAME OF TRAINING

Training content and training time.

NAME OF TRAINING

Training content and training time.

ACADEMIC DEGREE

School and graduated time

ACADEMIC DEGREE

School and graduated time

TYPE

☐ PRACTICING MEMBER

☐ FRIEND OF ASSOCIATION

EXPERTATION

What do you want to get from the association? Do you have any suggestion to the association?

SUPPORTING

The development of our association needs your support and participation. What can you do for the association?