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| **Global Health Membership****Application Form** |
| Company/Organization |  |
| USCC/Registration No. |  | Issued by |  |
| Type |  | Registered Capital |  |
| Date of Establishment |  | Business Term |  |
| Website |  | Annual Turnover (RMB) |  |
| Address |  |
| Legal Representative | Name |  | Position |  | Tel. |  |
| Mobile |  | ID No. |  |
| Contact Person | Name |  | Position |  | Tel. |  |
| Mobile |  | Fax |  | Postal Code |  |
| Business Scope |  |
| Statement on Application | 1. Describe the brand influence and ranking of the company/organization in the industry at home and abroad.2. Describe the scientific and technological achievements and industry accomplishments of the company/organization. |
| Membership Type | ☐ Honorary Donor Member☐ Expert Member☐ Intermediate Member☐ Beginner Member |
| CV of Chairman, CEO or President of Company/Organization (No more than 3 persons) | (For guest invitation, limited to 200 words, both in Chinese and English) |
| Legal Representative (Signature): Company/Organization Stamp:  Date: yy mm dd |
| **Note: Please complete all the required information.** |