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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.** | | | | | | | |