

# Application Form for Corporate Membership

Date: 2023/3/17

Membership:  Corporate  Permanent

Corporate Name			Tax ID		
Mailing Address			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Date Founded	YYYY/MM/DD	No. of Members			
Issued No.		Issuing Authority			
Principal Business					
Principal	Title		Website	https://	
	Name		Email		
			Tel. No.	O:	M:
Representative	Title		Affiliation		
	Name		Tel. No.	O:	
				M:	
	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	Date of Birth	YYYY/MM/DD	
	Education	School		Major	
	Degree	<input type="checkbox"/> high school graduate or below <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctor			
Experience					
Applicant's Signature & Company Chop			Review Results	Member ID	
			<input type="checkbox"/> Accept		

	<input type="checkbox"/> Reject	
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