



世界華人生物醫學工程協會  
World Association for Chinese Biomedical Engineers

**MEMBERSHIP FORM**

**Please Select**

Apply for Membership [ ] Renew Membership [ ]

**First (Given) Name**

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**Last (Family) Name**

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**Name in Chinese**

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**Affiliation**

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**Position**

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**Interest in BME (up to 6)**

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**Postal Address**

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**Email**

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**Phone**

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**Fax**

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**Reference**

For membership application, please name one current WACBE member who could serve as a reference for your application.

Reference Name

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Reference Signature

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**Membership Category**

- [ ] Life Member US\$ 500 per life  
[ ] Regular Member US\$ 50 per year  
[ ] Student Member US\$ 10 per year

**Select payment years**

- 2007 [ ] 2008 [ ] 2009 [ ] 2010 [ ]  
2011 [ ] 2012 [ ] 2013 [ ] 2014 [ ]

*To certify your student status, please provide the name and signature of your supervisor.*

Supervisor Name

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Supervisor Signature

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**Payment by Check or Bank Draft**

Amount to be charged

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Check/Draft Number

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**Payment by Credit Card**

Amount to be charged

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Type of Credit Card

- [ ] Discover  
[ ] Master Card  
[ ] Visa  
[ ] American Express

Name on the Card

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Card Number

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Expiration Date

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Authorization  
Signature

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Date

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