

# 新加坡中医学院图书馆

## 会员申请表格

本人同意贵馆规章兹填具“会员申请表格”申请为 贵馆会员

姓名 Name (中文)  (English)				相片
性别 Gender		国籍 Nationality		
职业 Occupation		学业学历 Qualification		
居民证号码 NRIC No. 或居留准证号码 Pass holder No.		准证有效期限: Expiry Date		
学员证号(或中医师公会会员证) Student pass No (or Singapore Chinese Physicians' Association member No)				
住址 Address			邮区 Post code	
电邮 E-mail Address			手机号码 HP Number	
<p>1. 余谨声明，以上填报资料，均属事实。我已阅读并明白借阅规章，我同意并授权中医学院图书馆审核以上资料。 I hereby declare that all the particulars furnished by me in this application form are true and correct. I have already read and understand the brief regulations of library. I authorize any investigation of the above information for the purpose of SCTCM Library verification.</p> <p>2. 我明白报名费不退还不转让。 I understand that the application fee is non-refundable and non-transferable.</p> <p>3. 我同意接收从新加坡中医学院图书馆打给我的电话、短信与电邮不论我是否在网上注册了 DNC。 I agree to receive phone call, text message and email from SCTCM Library. This consent overrides any registration with the DNC registry.</p> <p>4. 我同意在此申请表中提供的所有个人资料，以用于图书馆行政管理。 I consent to all personal data provided in this application form to be used by Library of Singapore College of Traditional Chinese Medicine Limited for the purpose of Library's administration.</p>				
申请人签名 Sign by Applicant			填写日期 Date	
馆方填写 For office of Library only	收据号码: _____ 经手人盖章: _____ 日期: _____ <div style="text-align: right; margin-top: 10px;">注册·借书证号码: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span></div>			

