**台灣癲癇醫學會--會員人事資料卡**

【請用正楷填寫後**附上醫師證書**及**專科醫師證書**e-mail:epil1990@ms36.hinet.net或

郵寄至學會秘書處】

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| 會員號碼 | | | | | |  | | | | | | | | 入會日期 | | | | | |  | | | | | | |
| 姓名 | | （中文） | | | | | | | 性 別 | □男  □女 | | | | 身分證字號 | | | | | |  | | | | | | |
| （英文） | | | | | | | 生  日 | 年 月 日 | | | | | | | | | | 籍  貫 | | | | 市  縣 | | |
| 聯絡地址 | | （中文） | | | | | | | | | | | | | | | 郵遞區號 | | | | | | | 照  片 | | |
|  | | | | | | |
| （英文） | | | | | | | | | | | | | | | | | | | | | |
| 永久地址 | | | （中文） | | | | | | | | | | | | | | | | | | | | | | 郵遞區號 | |
| （英文） | | | | | | | | | | | | | | | | | | | | | |  | |
| 電話 | | | | 公：（ ） | | | | | | | 傳真 | | | | | 公：（ ） | | | | | | | | | | |
| 家：（ ） | | | | | | | 家：（ ） | | | | | | | | | | |
| E-mail | | | |  | | | | | | | 行動電話 | | | | | | | |  | | | | | | | |
| 學歷 | | | | 院校或研究所名稱 | | | | 系科院別 | | | | | | | 畢業年月日 | | | | | | | 學位 | | | | |
| 畢業學校 | | | |  | | | |  | | | | | | |  | | | | | | |  | | | | |
| 進修 | | | |  | | | |  | | | | | | |  | | | | | | |  | | | | |
| 醫師字號 | | | | | | | 專科醫師字號 | | | | | | | | | | | | 教師證書或聘書字號 | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | |  | | | | | | | |
| 服務機構名稱 | | | | | | | 單 位 | | | | | | 職 稱 | | | | | | 時 間 | | | | | | | |
| 經歷 |  | | | | | |  | | | | | |  | | | | | | 年 月~ 年 月 | | | | | | | |
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| 現職 |  | | | | | |  | | | | | |  | | | | | | 年 月~ 年 月 | | | | | | | |
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| 醫院網址 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 已繳會費 | | | | |  | | | | | | | | | | | | | | | | | | | | | 入會費 |
|  |
| 欠繳年度 | | | | |  | | | | | | | 欠繳金額 | | | | | | | | |  | | | | | |
| 活動會員 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 備 註 | | | | |  | | | | | | | | | | | | | 證書發放 | | | | |  | | | |