



Chinese Medicine Industry Council of Australia Ltd

ACN 140 585 342

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Membership Application Form/会员申请表

Name & Title (primary contact person) / 主联系人姓名、头衔		Other name(s) for contact/其他 联系人姓名	
Company Name /公司名		Major Activity/主要范围	
ABN/澳洲商号		Total staff/总雇员 人数	
Postal address /邮寄地址		Phone/电话	
Email address/电邮地址		Fax/传真	

Membership (Please indicate your desired level of membership). 会员制(请勾选您的选择)

Type of Membership/会员种类	Membership fees */会 费	Please Tick the Box of your Choice/请勾选您的选择
Standard Membership /标准会员 (for Chinese herbal dispensers /associates z 针对中药配药师/ 个人) <i>*Please fill the attached supplementary form* 需填写附表</i>	\$100 for 2 years /两年 \$100 澳元	<input type="checkbox"/>
Standard Membership/标准会员 (for retailers/针对零售商)	\$200 per annual/每年 \$200 澳元	<input type="checkbox"/>
Standard Membership/标准会员 (for wholesalers, importers and distributors 针对批发商、进 口商和分销商)	\$500 per annual/每年 \$500 澳元	<input type="checkbox"/>
Lifetime Membership/终生会员	\$2000 #/ \$2000 澳元	<input type="checkbox"/>

* Invoice / receipt will be issued after receipt of the member fee. # A member who contributes AU\$2,000.00 or more will become a Lifetime Member. A Lifetime Member is not subject to payment of the annual membership renewal fee *收到会费后我们将出具发票或收据。 # 交纳\$2,000 澳元或以上的会员将获得终生会员，无须每年支付一次续会费。

Payment/付款:

Option 1 选择一: Please make your crossed cheque payable to "Chinese Medicine Industry Council of Australia Ltd" and mail it together with this form to 请将支票与填好的表格一起寄往该地址: **CMIC Secretariat, Suite 604, 309 Pitt St, Sydney, NSW2000**

Option 2 选择二: Direct deposit your payment to the following account with your name as the reference, then fax the signed form to: 02-9267 0003/请将款项直接汇入以下账户，并以您的姓名为汇款参照码，汇款后请将签好名的该表格传真至 02-9267 0003

Payee: Chinese Medicine Industry Council of Australia Ltd
Bank: ANZ Bank BSB: 012 071 Account No. 181065195

Code of Conduct /道德操守:

By signing the form, you pledge to abide by the Code of Conduct set by CMIC as a condition of admission and maintaining membership in CMIC/签署该表格表示您保证遵守联合会操守标准作为入会和保留会籍的条件。

Applicant's Signature/申请人签名: _____ Dated/日期: _____