

**Membership Change**

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| **Company Name** |  |
| **Name of CEO** |  |
| **Industry Sector** | □ Hospitals / Healthcare providers □ Pharmaceutical / Biotechnology □ Medical device / Health technology□ Preventive medicine □ Agriculture / Green energy □ R&D institutes / Academia |
| **Company & Contact Information** |
| **Email** |  |
| **Website** |  |
| **Social Media Channel** |  |
| **Phone** |  |
| **Address** |  |
| **Company profile in English** **(400 words max)** |  |
| **Company profile in Chinese, if any** **(400 words max)** |  |
| **Main Products/Services Offered** |  |

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| **General information of the representative** |
| **Name in English** |  | **Birth** |  |
| **Name in Chinese, if any** |  | **Gender** | □Male □Female |
| **Title** |  | **Contact No.** |  |
| **Email** |  |
| **Address** |  |
| **Education** |  | **Speciality** |  |
| **Experience** |  |
| **Contact Person** | **Name/Title** |  |
| **Contact No.** |  |
| **Email** |  |
| **※Please email the completed form to Silvia Fan (silvia@rbmp.org.tw), we will get back you as soon as we can.** |