

**Membership Application Form**

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| **Company Name** |  |
| **Year Established** |  | **Country of Headquarter Located** |  |
| **Revenue (USD)** |  | **No. of Employees** |  |
| **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** |  |
| **Company Seal: Personal Seal:****Date of Application:** |
| **The following columns will be filled by IBMI only** |
| **Date the application accepted** |  | **Member’s ID** |  | **The application processed by** |  |

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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** |  |
| **Signature of the representative:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **※ Group members are required to assign a representative to exercise member rights on behalf of the company he/she represents.****※ The form must be printed with both company and personal deals on it and be mailed to the Institute for Biotechnology and Medicine Industry (16F-1, No. 3, Park St., Nangang Dist., Taipei 115603, Taiwan), addressing to Ms Silvia Fan.** |

**Note**

**• Member profiles, as indicated in the member application form, will be shown on IBMI website.**

**• IBMI remains the right of membership review.**