

Taiwan Health Food Society

Group Membership Application Form

Group Name				License No.				Issuing Authority			
Address	□□□-□□										
Business Project											
Person In Charge			Sex	M	F	DOB				Job Title	
Representative			Sex	M	F	DOB				Job Title	
Educational Background	School: Major: Degree:					Work Experience					
Mailing Address	□□□-□□										
Tel	()		Fax	()			E-mail				
Collective Mark						Authorized Signatory					
						Application Date			*Approval Date		

		*Membership No.	G
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1. A photocopy of the group ID must be attached when applying, but school units are exempted.

2. Business projects mainly refer to business related to the society.
3. Please be sure to include your postal code.

4. Our staff will fill in the section marked with *sign

5. The academic qualifications of the representative refer to the highest academic qualifications relevant to the society. A copy of the representative's certificate or other appropriate certificate must be attached when applying.

Taiwan Health Food Society Payment Information:

Admission Membership Fees 200 NTD: For the first time applicants

Annual Membership Fees :

Student Membership: 300 NTD

Professional Membership: 500 NTD

Patron Membership: 700 NTD & Up

Group Membership: 10000 NTD

Postal Transfer Bank Account: Taiwan Health Food Society, Mr. Pan Min-Hsiung

Postal Transfer Bank Account No: 50429394

Fax: (02) 3366 1771

Mailing Address : Institute of Food Science and Technology, Room 408

106319 No.1 Roosevelt Rd Sec 4, Da'an District, Taipei City106

Email Address: taiwanhealthfood@gmail.com

After the application for membership and all relevant attachments are delivered, the fee can only be paid after it has been reviewed and approved by the Board of Directors meeting. After payment, please fax the receipt to our society (or scan and email to us); Except for group membership, the receipt title name is made out to each individual member.

- Please indicate name(s), items of payment and payment year when faxing or mailing receipt(s) to our society.

