



가주한의사협회

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정회원 가입 신청서

PHOTO(사진)	NAME(이름)	KOREAN(한글)		GENDER(성별)	M / F
		ENGLISH(영문)		D.O.B(생년월일)	MM/DD/YYYY
	License NO.			YEAR(연도)	
	E-Mail				
ADDRESS(주소)	BUSINESS	TITLE OF BUSINESS / POSITION :			
		ADDRESS			
	HOME	ADDRESS			
		CITY		STATE	ZIP
		CITY		STATE	ZIP
CONTACT INFO.(연락처)	Cell		Work	Fax	
CAREER (경력사항)	BACHELOR(학사)	NAME OF SCHOOL		GRADUATION YR.	
	MASTER(석사)	NAME OF SCHOOL		GRADUATION YR.	
	DOCTOR(박사)	NAME OF SCHOOL		GRADUATION YR.	
	OTHER CERTIFICATIONS(기타수료사항)				
INTERESTED(관심분야)			DESIRE ACTIVITIES(활동분야)		

I, _____, AGREED WITH THE CONSTITUTION OF AKAMAC AND WILL TAKE THE RESPONSIBILITY AS A MEMBER OF AKAMAC.

DATE(날짜 MM/DD/YYYY) : _____

PRINT NAME : _____ SIGNATURE : _____