

9. Present Position Title:

- | | |
|---|--|
| <input type="checkbox"/> Director | <input type="checkbox"/> Laboratory Director |
| <input type="checkbox"/> Chairman | <input type="checkbox"/> Institute Director |
| <input type="checkbox"/> Professor | <input type="checkbox"/> Dean |
| <input type="checkbox"/> Research Associate | <input type="checkbox"/> Executive Secretary |
| <input type="checkbox"/> Sr. Research Associate | <input type="checkbox"/> Academician |
| <input type="checkbox"/> Associate Professor | <input type="checkbox"/> Corresponding Academician |
| <input type="checkbox"/> Assistant Professor | <input type="checkbox"/> Other _____ |

10. Specialty:

- | | |
|---|---|
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> General Physiology |
| <input type="checkbox"/> Anatomy and Embryology | <input type="checkbox"/> Gerontology |
| <input type="checkbox"/> Anthropology | <input type="checkbox"/> Immunology |
| <input type="checkbox"/> Biochemistry | <input type="checkbox"/> Liver and Bile |
| <input type="checkbox"/> Biophysics | <input type="checkbox"/> Lipids and Steroids |
| <input type="checkbox"/> Biomedical Engineering | <input type="checkbox"/> Microbiology |
| <input type="checkbox"/> Blood | <input type="checkbox"/> Minerals, Bone and Teeth |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Muscle and Exercise |
| <input type="checkbox"/> Cellular and Tissue | <input type="checkbox"/> Neuroscience |
| <input type="checkbox"/> Comparative Physiology | <input type="checkbox"/> Nutrition and Food |
| <input type="checkbox"/> Electrolytes and Water Balance | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Endocrine | <input type="checkbox"/> Pharmacology |
| <input type="checkbox"/> Energy Metabolism & Temperature Regulation | <input type="checkbox"/> Radiation |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Renal |
| <input type="checkbox"/> Enzymes | <input type="checkbox"/> Reproduction |
| <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Respiration |
| | <input type="checkbox"/> Others _____ |

中國生理學會會員英文資料

姓名及會員編號: _____

通訊住址: _____

(以下資料請以英文打字或英文楷書填寫)

1. Name: _____
(Family Name) (First Name) (Middle Initial)

2. Date of Birth: _____ / _____ / _____
(Month) (Day) (Year)

3. Sex: Male Female

4. Mailing Address: _____

5. Telephone No. (Office): _____
(Home): _____

6. Fax No. (Office): _____
(Home): _____

7. E-mail: _____

8. Earned Degree:

Ph. D. or Dr. Phil

ED. D. or Dr. Ed.

M. D. or Dr. Med.

Ph. D. Student

D. V. M. or Dr. Vet.

Med. Student

D. D. S., D. Odont or D. O.

Vet. Student

B. S. or B. Sc

M. S. Student

M. S. or M. Sc

Other _____

