

海外中華命理堪輿研究學會

Membership Application Form: Personal Details Page 1 of 3

Title:	
Surname:	
First Name:	
Home Address:	
Town:	
Postal Code:	
Country:	
Contact Tel No:	
Mobile:	
Fax:	
Email:	
Website:	
Business Name:	
Address:	
Contact Tel No:	
Mobile:	
Fax:	
Email:	
Website:	

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Membership Application Form: General Page 3 of 3

Other qualification / Interests / Skills
Hobbies
List what you would like most out of membership of the Foundation (in order of importance)
1.
2.
3.
4.
5.
6.
7.
8.
Are there any specific ways that you would like to be involved in the Foundation if possible?