

The Canadian Association of Chinese Medicine and Acupuncture



Membership Application Form

加拿大中医针灸师公会 入会申请表

Photograph

First Name: _____ Last Name: _____
Date of Birth: (mm/ dd / yyyy) ____ / ____ / ____ / 中文名: _____
Home Address _____ City _____ Province _____
Poster Code _____ TEL: _____
Business Address: _____ City _____ Province _____
Poster Code _____ Cell _____
Email: _____ Website: _____

Education related to TCM

Institution of Graduation	Province/Country		
_____	_____	From _____	to _____
_____	_____	From _____	to _____
_____	_____	From _____	to _____

Applicant's Signature _____ Date _____

Reference Signature _____ Date _____

Note: With your application form, Please enclose the following:

- 1) Copy of credentials, 2) 1 passport size photographs, 3) Membership fee.
- 2) Email to: zhao.cheng@hotmail.ca

For office Use Only: Membership Number:

Date of Issue:

Approve By: