

**BC Qualified Acupuncturists & Traditional Chinese
Medicine Practitioners Association (QATCMA)**

卑詩省註冊中醫師公會

#300-5900 No. 3 Road, VanCity Tower, Richmond, BC, Canada V6X 3P7

Tel: (604)278-6220 Fax: (604)278-1312

Membership Application Form 入會申請表

1) Member Categories 會員類別

- Active Member 正式會員 (CTCMA Registration Number 中醫針灸管理局註冊編號: _____)
- Student Member 學生會員
- Supporting Member 非業界支持會員
- Overseas Member 海外會員

2) Personal Information 個人資料

Name 姓名: _____ Chinese Name 中文名: _____

Date of Birth: _____ Place of Birth: _____ Gender: M F
出生日期 出生地點 性別 男 女

Name of Clinic 診所名稱: _____

Clinic Address 診所地址: _____

City 城市: _____ Postal Code 郵編: _____

Telephone 電話號碼: _____ Fax 傳真: _____

Cell/Home 手機/住家: _____

Email 電子郵箱: _____ Website 網址: _____

Professional Designations 職業資格

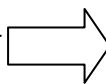
Dr. TCM. 註冊高級中醫師 R. TCM. P. 註冊中醫師 R. TCM. H. 註冊草藥師 R.Ac. 針灸師

Professional Affiliations 行業協會資格

Do you hold membership of other acupuncture or T.C.M. association? Yes No
閣下是否同時擁有其他針灸或中醫協會會員身份? 有 無

If yes, please list out 如有, 請列出: _____

More on the back page 見背面



Specialties (no more than three) 專業特長(最擅長的三個專科)

Education & Experience 教育及行醫經驗

Language Ability 語言能力

English 英語 Mandarin 國語 Japanese 日語 Korean 韓語 Others 其它:

Interests 興趣愛好

Social Job 社會兼職

Date 期: _____ Signature 簽名: _____

3) Annual Membership Due 會員年費

- a) Active Member: \$120/year
正式會員年費
- b) Active Member: \$10/month
正式會員年費(enclose PAD)
- c) Student Member: \$30 /year
學生會員年費
- d) Supporting Member: \$30/year
支持會員年費
- e) Overseas Member: \$500 / 3years
海外會員: 三年會費 500 元

Office Use Only 辦公室使用

R. Title		Member #		Website	
Dr. TCM.		Receipt #		Certification	
R. TCM. P.		Max			
R.Ac.		Email			
R. TCM. H.		Directory			

***Please fill the Form and send together with a photocopy of your license to our office. Cheque has to be made payable to QATCMA. If pay by monthly, please also complete PAD Agreement together with a Void cheque. 請將已填妥的註冊表格, 會員年費和執照的影印本寄回本會. (支票抬頭: QATCMA)。如选择月付, 还需填写 PAD 同意书并附一张 VOID 支票, 以便安排银行账户自动扣款。**