

Canadian Association of Acupuncture & Traditional Chinese Medicine

APPLICATION FORM

Name: Last Name _____ First Name _____

Chinese Name _____ Sex: _____ Status: _____

Date of Birth: _____ Day _____ Month _____ Year _____

Place of Birth: _____ Citizenship: _____

Home Address: _____ City: _____

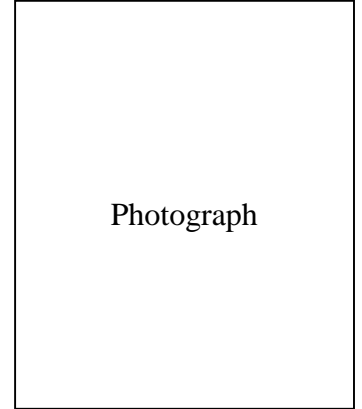
Province: _____ Postal Code: _____ Country: _____

Home Phone No.: _____ - _____ - _____

Name of office / Clinic: _____

Address: _____

Office Phone No.: _____ - _____ - _____ ext. _____



FOR THE OFFICE USE ONLY

Membership Qualification: _____

Membership Number: _____ Date of Issue: _____

Education: Please state in detail (name, length of study)

Senior High School: _____ From _____ To _____

College: _____ From _____ To _____

University: _____ From _____ To _____

Other: _____ From _____ To _____

Canadian Association of Acupuncture & Traditional Chinese Medicine

Chinese Medicine and Acupuncture Education: Please state in detail

School or Institute: _____ From _____ To _____

Correspondence School: _____ From _____ To _____

Apprenticeship: _____ From _____ To _____

Advanced Training _____ From _____ To _____

Other: _____ From _____ To _____

Clinical Experience: Please state in detail (location, name if Clinic / Institution)

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

Do you have a D.C.M. Licence of Acupuncture Licence issued by another province or country?
If yes, please list

Do you hold a current membership with another Association? If yes, please list.

I, hereby apply for membership in accordance with the Constitution of the Canadian Association of Acupuncture & Traditional Chinese Medicine (CAATCM). In the event of cessation of membership with CAATCM, the membership certificate being the property CAATCM will be duly returned.

Date: _____ Day _____ Month _____ Year _____

Applicant's Signature: _____

Reference: (1) _____ Print Reference: (2) _____ Print

Signature

Signature

Canadian Association of Acupuncture & Traditional Chinese Medicine

Note: With your application form, please enclosed the following

(1) Membership fee: Cheque () Cash () Money Order ()

(2) Two Passport Size photograph

(3) Copies of credentials (Academic & Clinical)

(4) Signed Code of Ethics

(5) Two letters of reference

* Please note that the processing fee for the membership application is non-refundable.
Also, the photocopies of all credentials submitted will not be returned.