

Membership No. 會員號碼: _____

A.

NTCM NEW MEMBERSHIP APPLICATION FORM 新會員入會申請表

☐ Professional Membership (Voting) ☐ Student Membership (Nonvoting) ☐ Non-Professional (Nonvoting)
專業會員 \$100/yr 學生會員 \$20/yr 非專業會員 \$50/yr

Note: Professional Membership includes TCM and Acupuncture practitioners and members of the other health provider and herbal industry.

備註: 專業會員包括中醫和針灸職業人員, 以及從事有關健康專業服務人員及中藥材經營者。

One-year cycle for renewal NTCM membership commence **January 1st**. 一月一日為本會更新會員資格年度之開始。

B.

PERSONAL INFORMATION 個人資料

Please **Print** Your Information 請以正楷填寫您的資料:

Name 姓名: ☐ Dr. 醫生 ☐ Mr. 先生 ☐ Mrs. 夫人 ☐ Ms. 女士 ☐ Miss 小姐

_____ Last Name 姓氏 _____ First Name 第一名字 _____ Middle Name 中間名字

中文姓名 _____

Place of Birth _____ Date of Birth _____ Occupation _____
出生地點 出生日期 (mm/dd/yyyy 月/日/年) 職業

MAILING ADDRESS 通訊住址

Business/School Name

公司/診所/學校 名稱 _____

Address 住址 _____

City 城市 _____ Province 省份 _____ Zip Code 郵遞區號 _____

Tel 電話 _____ Fax 傳真 _____

E-mail 電子信箱 _____ Web Site 網頁 _____

Home 住家

Address 住址 _____

City 城市 _____ Province 省份 _____ Zip Code 郵遞區號 _____

Tel 電話 _____ Fax 傳真 _____

E-mail 電子信箱 _____ Web Site 網頁 _____

C.

Professional Training Diploma or Degree 專業訓練、畢業文憑或學位證書:

(1) Type of Training or Degree

專業訓練或學位

Name of College/University 學校名稱

Place of College/University 學校地點

(2) Type of Training or Degree

專業訓練或學位

Name of College/University 學校名稱

Place of College/University 學校地點

Experience in Teaching 擁有教學的經驗:

Place of Teaching 教學地點

Field(s) of Teaching 教學領域

Duration of Teaching 教學時間

D.

Years of Practice in Traditional Chinese Medicine and Acupuncture or Other Profession(s):
傳統中醫及針灸或其他專業之開業年限:

Place of Practice 開業地點

Field(s) of Practice 開業範疇

Duration of Practice 開業時間

E.

Is Currently Registered Acupuncturist in British Columbia, Canada:

具有加拿大卑詩省當局之註冊中醫, 草藥, 或針灸師牌照:

CTCMA Registration Number 中醫管理局註冊號碼:

Is Licensed or Certified in Other Areas of Expertise 擁有其專業領域上之執照或證書:

Title of License or Certificate 執照/證書名稱與號碼

Issuing Organization 簽發單位

F.

Do You Hold Membership of Other Professional Association(s) 您是否為其他專業公/學會之會員:

- ☐ Acupuncture Association of BC 卑詩省針灸學會
- ☐ Canada Acupuncturists Headquarters Association-BC Branch 加拿大針灸醫師總會-卑詩省分會
- ☐ Canadian Acupuncturists & TCM Alliance of BC 加拿大卑詩省針灸中醫師聯合會
- ☐ Canadian Chinese TCM & Acupuncture Society 加華中醫師公會
- ☐ Qualified Acupuncturists & TCM Association of BC 卑詩省註冊中醫針灸師公會
- ☐ TCM Practitioner & Acupuncturist Society (Pacific Region) 中醫針灸師協會(太平洋區域)
- ☐ Traditional Chinese Medicine Association of BC 卑詩省傳統中醫師公會
- ☐ United Acupuncturists Association of BC 卑詩省針灸醫師聯合會

Others

其他公/學會 _____

Others

其他公/學會 _____

Others

其他公/學會 _____

G.

Certification 聲明

"I certify that the information provided in this application is true and complete. I understand and fully support the goals of the **National Traditional Chinese Medicine Association of Canada.**"

"我證實在此申請表內所提供的資料完全屬實.我瞭解和支持**加拿大國家中醫藥學會**的目標."

Applicant's Signature _____

申請者簽名

Date _____

日期 (mm/dd/yyyy 月/日/年)

H.

Documentation 相關證明文件

(1) Please provide copied documentation of your licenses, trainings, and education.

請提供您的專業執照、訓練及教育證明備份.

(2) Please have all your documents copied in latter size papers attached with your application. Thank you!

所有相關之文件請影印為信紙大小之尺寸,一同與您的申請表送至本會.謝謝您的合作!

(3) Please include your **Membership Fee** with your application. Make cheque payable to **NTCM**.

送件時請附上您的**會費**. 支票抬頭請寫: **NTCM**

Remark備註: Membership Fee must accompany the application. 申請表格必須附上會費

Remark 備註:

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