

Traditional Chinese Medicine Physicians Association of Canada

10 Cox Blvd., Unit No. 1 Markham, Ontario, L3R 4G2 Tel: (905)479-9995

Membership Application Form

1. Personal Information

Last Name _____ First Name _____

Chinese Name (if any) _____

Sex: Male _____ Female _____

Date of Birth (MM/DD/YY) ____/____/____

Place of Birth (country) _____

Home Address _____ Apt. # _____

City _____ Prov. _____

Postal Code _____

Home Phone # () _____ - _____

Company/Clinic Name _____

Address _____

City _____ Prov. _____ Postal Code _____

Office Phone # () _____ - _____ Extension _____

E-mail address _____

Status in Canada: Citizen _____ Permanent Resident _____ Visiting _____ Others _____

Passport-sized Photo

2. Education Background (please specify school name and length of study or diploma / certificate / degree earned if any)

College _____

Major _____

From _____ To _____ diploma ____ certificate ____ degree ____

University _____

Major _____

From _____ To _____ diploma ____ certificate ____ degree ____

Others (1) _____

From _____ To _____ diploma ____ certificate ____ degree ____

(2) _____

From _____ To _____ diploma ____ certificate ____ degree ____

3. Working or clinical experience (please specify company/clinic name, location and length of working)

- (1) _____ From _____ To _____
(2) _____ From _____ To _____
(3) _____ From _____ To _____
(4) _____ From _____ To _____

4. Other information

(1) Are you licensed in acupuncture by any governing body? Specify if yes

(2) Do you currently hold a membership with another professional association? Specify if yes

5. Type of membership you are applying for:

Full member _____, Honorary member _____, Associated member _____, Student member _____

Full Members

Annual Fee: \$200.00

- * individuals fully trained in Traditional Chinese Medicine with minimum of 1800 hours classroom instruction, plus internship/practicum in a recognized clinical setting;

Associate Members

Annual Fee: \$150.00

- * persons trained in Traditional Chinese Medicine with less than 1800 hours classroom instruction, plus internship/practicum in a recognized clinical setting;

Student Members

Annual Fee: \$ 20.00

- * students enrolled in a TCM or Acupuncture program with the minimum of 1800 hours curriculum

The membership fee is paid by: Personal Cheque _____ or Money Order _____

6. I, hereby apply for membership in accordance with the Constitution of the Traditional Chinese Medicine Physician Association of Canada (TCMPAC). All the information are correct, otherwise it may cause termination of membership immediately. In the event of cessation of membership with TCMPAC, the membership certificate being the property of TCMPAC will be duly returned.

Applicant's signature _____ **Date** _____

For office use only

| | |
|------------------------|---------------------------------------|
| Membership No.: | Supporting Documents received: |
| Comments: | |

Please mail the following form to: TCMPAC c/o Yael Newman, 10 Clovelly Ave, Toronto, ON M6C 1Y1

Direct any questions regarding membership to Yael Newman, 416-784-9821, yaeltcmdoc@yahoo.ca