

Traditional Chinese Medicine Association of British Columbia

Membership Application Form



1. Type of membership applying for:

- Full membership (voting) \$10 / month (include VOID cheque for monthly automatic bank account withdrawal)
- Associate membership (non-voting) \$10 / month (include VOID cheque for monthly automatic bank account withdrawal)
- Student membership (non-voting) \$25 / year (include cheque or money order for full amount)

2. Personal Information:

- Dr. Last name: _____
- Mr. _____
- Mrs: First and middle: _____
- Ms. _____
- Other _____

For new applications, please indicate the name you wish printed on your membership certificate:

Mailing Address: _____

City _____ Province _____ Postal Code _____

Phone: Office _____ Home _____ Cell _____

Fax: _____ Email: _____

Web Site: _____

3. Professional Designation with CTCMA: Dr.TCM, R.TCMP, R.TCMH, R.Ac, Student

CTCMA Registration No. _____

4. Certification: Please read carefully before signing. This application is not valid unless signed by the applicant.

I certify that the information provided in this application or attachment is true and complete.
I understand that if any information in this application is found to be untrue or incomplete,
my membership will be considered invalid. TCMABC reserves the right to reject membership
application in accordance to its constitutional provisions.

Signature: _____ Date: _____

* Please print, complete, and send this form, along with a VOID cheque to:

TCMABC
PO Box 47014
15 - 555 W. 12th Avenue
Vancouver, BC V5Z 3X0