

# Traditional Chinese Medicine Association of British Columbia



## Membership Application Form

### 1. Type of membership applying for:

- New Application
- Existing Member
  
- Full membership (voting) \$10 / month (include VOID cheque for monthly automatic bank account withdrawal)
- Full membership (voting) \$150 / year (include cheque or money order for full amount)
- Associate membership (non-voting) \$10 / month (include VOID cheque for monthly automatic bank account withdrawal)
- Associate membership (non-voting) \$150 / year (include cheque or money order for full amount)
- 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 cheque (VOID for monthly automatic bank account withdrawal, or payable to TCMABC in the full amount for yearly payment) to:

TCMABC  
4857 Main St.  
Vancouver, BC V5V 3R9