

**CANADIAN MEDICAL ACUPUNCTURE SOCIETY
2009 NEW MEMBERSHIP APPLICATION FORM**

Membership period: January 1, 2009 - December 31, 2009

- Choose one:** Full Member
 Honorary Member
 Fellow



** indicates a required field*

***Name:** _____ ***Title/Degree:** _____

Date of Birth: _____
month/day/year

Complete Mailing Address:

***Office:** _____ **Home:** (optional) _____

***City and Province:** _____ **City and Province:** _____

***Postal Code:** _____ **Postal Code:** _____

Contact Numbers:

***Office Ph:** () _____ **Home Ph:** () _____
Optional

***Office Fax:** () _____ **Home Fax:** () _____
Optional

***Email:** _____ **Website:** _____

***Medical Specialty:** _____ ***Acupuncture Specialty:** _____

***Professional School of Training (Name):** _____

***Country** _____ ***Year** _____

***Licensure Practice (Name):** _____

***Country** _____ ***Year** _____

\$150.00CDN CMAS Membership Fee Enclosed

Signature: _____ **Date:** _____

*Please forward this completed form together with your membership fee in the form of a
cheque or money order in Canadian funds only made payable to:*

Canadian Medical Acupuncture Society
9904 - 106 Street
EDMONTON, AB T5K 1C4
Canada

Tel (780) 421-4777, Fax (780) 424-8520
draung@aung.com
<http://www.aung.com>

*Attach extra pages if necessary. **New applicants must submit copies of their medical and
acupuncture credentials.** Please notify CMAS of any change of contact information.*

Thank you for your kind interest and support.