

**CANADIAN MEDICAL ACUPUNCTURE SOCIETY  
2009 MEMBERSHIP RENEWAL FORM**

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

- Full Member  
 Honorary Member  
 Fellow



**Membership  
Number**

**Name:** \_\_\_\_\_ **Title/Degree:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
month/day/year

**Complete Mailing Address:**

Office: \_\_\_\_\_ Home: (optional) \_\_\_\_\_

City and Province:  
Postal Code:

City and Province:  
Postal Code:

**Contact Numbers:**

Office Ph: (    ) \_\_\_\_\_ Home Ph: (    ) \_\_\_\_\_

Office Fax: (    ) \_\_\_\_\_ Home Fax: (    ) \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_  
(required)

**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. Please notify CMAS of any change of contact information.*

*Thank you for your kind interest and support.*