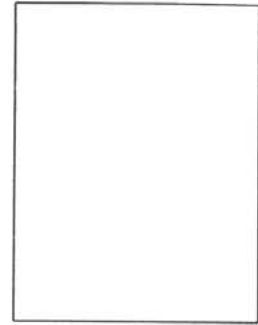


The World Tung's Acupuncture Association(世界董氏鍼灸學會)

Form of Application



1. Surname 英文全名: _____
(block capitals)
2. Other Name(s)中文姓名: _____
(block capitals)
3. Male 男/Female 女(delete as required) Date of Birth 出生日期: _____
Address 地址: _____
(block capitals) _____
Postcode 郵遞區號: _____
Telephone No 電話: _____ Fax No 傳真: _____
e-mail address 意眉兒: _____
4. Medical Qualification 醫學學位: _____ Date Conferred 頒授日期: _____
University/Medical College 醫學校: _____
Country of Qualification 頒授國家: _____
5. Acupuncture Qualification 鍼灸學位: _____ Date Conferred 頒授日期: _____
Acupuncture College 鍼灸學校: _____
Country of Qualification 頒授國家: _____
6. Any other Qualifications 其它學位: _____ Date Conferred 頒授日期: _____
College/School 學校名稱: _____
Country of Qualification 頒授國家: _____
Are you practice acupuncture at present 閣下當前以鍼灸執業? _____ (Yes or No)
If not please state reason why 如未執業請述理由? _____

7. Are you covered with professional liability in acupuncture 閣下已備妥鍼灸開業保險? _____ (Yes or No) If yes please quote your Insurance No 如已具備保單請告知保險字號: _____ If not please state reason why 如未購保險請述理由? _____

8. ***I hereby apply for membership in accordance with the rules given by the Association, and I certify that the information made in this application are all true and correct.*** - 本人鄭重聲明所填資料皆真實無誤並遵守會規行事 -

Signature of Applicant 簽名:..... Date 日期:...../...../.....

This applicant is supported by the Officer/Member _____ Esq.

This form to be completed and returned to W.T.A.A. (Attn. Dr. P. Carson) The Monaco Building

28 Byng Ave., Suite 303, Toronto, Ontario, M2N 7H4, Canada

Fee Received Copy of License