



## Chinese Medicine & Acupuncture Society of Australia Ltd

### CMASA Student Membership Application Form

#### Personal Details:

Title Mr/Mrs/Ms \_\_\_\_\_ Date of Birth DD/MM/YYYY \_\_\_\_\_

First Name \_\_\_\_\_

Family Name \_\_\_\_\_

中文 姓 : \_\_\_\_\_ 名 : \_\_\_\_\_

Home address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

**Postal Address** – To be used for all mail correspondence:

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (day) (0\_) \_\_\_\_\_ Mobile \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

#### Current School Attending:

School Name :
Enrolment date :
Scheduled Graduation Year :
Department :
Degree Conferred :
Currently in Year :
Student ID :
Remarks :

## Personal Preferences

Languages : <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Other
Do you wish to do observations in clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No
Where? <input type="checkbox"/> NSW <input type="checkbox"/> VIC <input type="checkbox"/> QLD <input type="checkbox"/> WA
Do you wish to do internship? <input type="checkbox"/> Yes <input type="checkbox"/> No
Where? <input type="checkbox"/> Australia <input type="checkbox"/> China / Taiwan
<b>What do you want the association do for you?</b>

Name of other complementary association/s of which you are a member:

\_\_\_\_\_

Have you been convicted of a criminal offence, had a complaint made against you considered by a complaints or disciplinary body or been expelled from another association?

No  Yes , provide details: \_\_\_\_\_

\_\_\_\_\_

I **certify** that the information I have supplied is correct and up-to-date to the best of my knowledge. I understand that as a member of CMASA, I will abide by the constitutions of CMASA and abide the CMASA Code of Ethics and Standards of Practice in order to continue to be a member.

**I agree to adhere and abide to all the CMASA student membership requirements.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return completed Membership Application Form with and Application fees (cheque payable to CMASA) to:**

**CMASA Membership Committee**

**1<sup>st</sup> Floor, 23 John Street, Cabramatta, NSW 2166**

**Phone (02) 97276831 Fax (02) 97278981**

Please attach  
a recent (6 months)  
Passport size photo  
here.