



## Chinese Medicine & Acupuncture Society of Australia Ltd

### CMASA Membership Application Form [2021]

#### Personal Details: (申请人个人信息)

Title Dr/Mr/Mrs/Ms/Miss \_\_\_\_\_ 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\_) \_\_\_\_\_ Personal Mobile (个人手机号) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ Personal Email (个人电邮) \_\_\_\_\_

Referee (if available)/推荐人 (如果有请填写) \_\_\_\_\_

Language preference to receive your information (您希望CMASA用何种语言和您联系)

\_\_\_\_\_

#### Private Insurance Provider numbers [if available]

	Modalities	Provider number	Since year
HCF	Acu/Chm	#	
	Rem	#	
Bupa	Acu/Chm	#	
	Rem	#	
Medibank	Acu	#	
	Chm	#	
	Rem	#	
others			

寒胸亦喜熱物  
胸喜冷飲者  
不必定屬實熱  
熱者真寒假  
胸

**Other professional Association Membership:** (if applicable)

Association name	Membership number

**Education Qualifications and Professional Details**

Name of University / College	**Qualifications Obtained (PhD/ Master / Bachelor )	Graduation year	Accreditation Certificate ( Vetassess /NOOSR) ( Overseas qualifications)

\*\*Please attached A4 separate sheet for more education qualification documents.

\*\***Certified true copies** (by the Justice of the Peace) of all relevant documents stated above must be attached.

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Professional Experience (number of years and

specialised field) Other Studies

**Accredited for:**Acupuncture?  Yes  NoChinese Herbal Medicine?  Yes  NoTCM Remedial (Chinese) Massage?  Yes  NoRemedial Massage (Australia)?  Yes  No

	Start date	Expiry date
■ WWC/WWVP Check		
■ First Aid Certificate		
■ Professional Indemnity Insurance		
■ PII Insurance Company		
■ Professional Indemnity	Amount \$	
■ Public Liability	Amount \$	
Please attach a copy of your current 1/ First Aid Certificate and 2/ PII Certificate of Currency.		
■ CMBA registration number If available	CMR	

**Private/Business Practice Details:**

Clinic or Trading name			
ABN ( if available )			
Details <b>Clinic [ 1 ]</b>			
Address			Postcode
Phone (0 )	mobile		
<b>Clinic [ 2 ]</b>			
Address			Postcode
Phone (0 )	mobile		
<b>Clinic [ 3 ]</b>			
Address			Postcode
Phone (0 )	mobile		

**Declaration:**

**Please answer the following questions:**

1) Have you ever been convicted of a criminal offence?

Please tick:  Yes  No      signature: \_\_\_\_\_

2) Are you the subject of any unresolved complaint, or disciplinary investigation by a professional Association or professional services review body?

Please tick:  Yes  No      signature: \_\_\_\_\_

3) Have you ever been suspended/ expelled from another association or deregistered by a Private Health Fund?

Please tick:  Yes  No      signature: \_\_\_\_\_

4) I am an Australian citizen / hold a legitimate permit to work in Australia?

Please tick:  Yes  No      signature: \_\_\_\_\_

Please provide details on separate sheet if your answer is “yes” to Q1, Q2, or Q3.

**Please provide details on separate sheet if your answer is “yes”.**

I **certify** that the information I have supplied is accurate and up-to-date to the best of my knowledge at the time of filling the application form. I understand that as a member of CMASA, I will abide by the constitutions of CMASA and CMASA Code of Ethics and Standards of Practice in order to continue to be a member. I also **give my consent** for CMASA to provide all above information to private health funds, which may be in the public domains; when registering me as the recognized service provider of the health funds.

**I agree to adhere and abide to all the CMASA 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.
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## Information Sheet [for your keeping]

### Application Fee

Application forms should be accompanied by a non-refundable application Administration Fee of

\$100 per applicant for Full, Associate and Provisional members.

Application Fee of \$10 for Student member (no annual membership fee for student member)

### Application Process

1. Fill in application details as in application form page 1 to 4.
2. Send application form with all appropriate qualification documents and application fees of AUD100 plus membership fee 180/yr, 325/2yrs,460/3yrs.
3. Application and membership fee can be sent with enclosed cheque payable to CMASA or internet transfer to:  
Commonwealth Bank Account name : CMASA BSB: 062133 Ac: 10345126  
- Please state full name – new member in description box.
4. Normal application process will take up to 4 – 8 weeks.
5. You will receive a welcome email from CMASA office with details of membership fees.
6. Please note that it will take 4 to 8 weeks for private health funds listing upon received of membership fees and provided that applicant's qualification and all documents are verified.
7. A hard copy of membership certificate and CPD form will be sent.
8. Documents check list

documents	note	check
1/ Academic Qualification		
- Degree/diploma certificate	Xerox copy with Justice of the peace verification	
- transcript	Xerox copy with Justice of the peace verification	
2/ Vetassess Verification if applicable	Xerox copy with Justice of the peace verification	
3/ NOOSR verification if applicable	Xerox copy with Justice of the peace verification	
4/ First Aid certificate	Verified by Justice of the peace	
5/ Professional Indemnity - certificate of currency	A Xerox copy	
6/ others	Xerox copy with Justice of the peace verification	

9. Send application hard copies with all documents to  
1F 23 John Street, Cabramatta, 2166 NSW

### Preferred contact:

1. Email - [CMASAtcm@hotmail.com](mailto:CMASAtcm@hotmail.com)
2. Phone 02 97276831