



英國中醫藥學會入會申請表
The Association of Traditional Chinese Medicine and Acupuncture UK
Membership Application Form

Personal Details 个人情况

Surname	First Name
Name in Chinese (if applicable) 中文姓名	Sex (M/F) 性别 Title 称谓: Mr, Miss, Mrs, Ms, Dr, other 其他
Date of Birth 出生日期 ____ DD ____ MM ____ YYYY	Nationality 国籍
Postal Address: 通信地址 Post Code 邮政编码 _____	Home Telephone 住宅电话
	Mobile 手机
	E-mail 电邮信箱
Practice address 行医地址 Post Code 邮政编码 _____	Work Telephone 工作电话
	Fax 传真
	Website 网址

Education 学历

University/College 大学/学院	Subject 专业	Duration 起止时间	Degree/Certificate 学位/文凭
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Work Experience 专业工作经历 (Please use an additional sheet if more space is required.)

Hospital/College/University/Clinic 单位	Speciality 专业	Duration 起止时间	Position 职务/职称
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Professional Organisations 专业组织

Are you or have you been a member of any other professional organisation(s) related to traditional Chinese Medicine? 您是否目前是或曾经是某个(些)与中医相关的专业组织的成员?

Yes 是 No 否

If "yes", please give details 如果"是", 请提供详情:

Have you had any criminal conviction? 你是否有过犯罪纪录? Yes 是 No 否

If you answer "yes", please give details (Please use an additional sheet if more space is required) 如果你回答 "是", 请提供详情:

Reference 推荐人

References are required by ATCM council. ATCM office will approach the referees. 请将推荐人的姓名地址写清楚, 学会将去函调查.

Referee 1 第一推荐人 (ATCM member preferable 最好是 ATCM 会员)

Name 姓名(英文或汉语拼音)	Name in Chinese (if applicable) 中文姓名
Address 地址 Post Code 邮政编码	Telephone 电话
	Fax 传真
	E-mail 电子邮箱

Referee 2 第二推荐人

Name 姓名(英文或汉语拼音)	Name in Chinese (if applicable) 中文姓名
Address 地址 Post Code 邮政编码	Telephone 电话
	Fax 电传
	E-mail 电子邮箱

Declaration 声明:

- I wish to apply for the membership of the Association of Traditional Chinese Medicine and Acupuncture UK and I authorise the Association to carry out whatever inquiries it considers necessary in connection with my application. 我希望申请加入英国中医药学会, 我同意学会就我的申请进行它认为必要的调查。
- I hereby certify that the details on this form are true and correct to the best of my knowledge. I understand that any false information provided by myself could lead to my application annulled or my membership invalidated. 我在此证实我提供的上述资料尽我所知是真实的。我明白任何虚假的资料均可能导致我的入会申请作废或会员资格的丧失。
- I understand that no membership status can be offered until I have fully satisfied the criteria set by the Association and passed the interview. 我明白只有在我完全符合学会会员标准并通过了入会面试之后, 才会获得会员资格。
- I will inform the ATCM Council in writing of any future changes of my personal details (such as mailing address, practice address etc) immediately when they occur. 一旦我的个人情况 (如通信地址, 行医地址等)在将来有任何变更, 我将立即以书面形式通知学会理事会。

Signature 签名: **Date** 日期:

Please make sure that you have enclosed your application fee (a cheque for £60.00 made payable to ATCM) and the photocopies of your qualification certificates. 请确定您已附上了您的报名费 (60.00 英镑的支票一张, 抬头请支付 ATCM)、学历、文凭等证书的复印件。 请将此表寄至以下地址:

Please return this form to: **ATCM, 5 Grosvenor House, 1 High Street, Edgware, London HA8 7TA**