

英国中医药学会入会申请表 (学生会员)

The Association of Traditional Chinese Medicine (UK)

Membership Application Form(Student Member)

Personal Details 个人情况:

Surname 姓:	First Names 名:	Name in Chinese 中文姓名:
Date of Birth 出生日期:	Sex (Male / Female) 性别	Nationality 国籍:
Mailing Address: 通信地址		
Post Code 邮政编码:	Telephone 电话:	Fax 传真:
Practice Address: 行医地址 (If different from above)		
Post Code 邮政编码:	Telephone 电话:	Fax 传真:

Education 学历:

University/College 大学/学院	Duration 迄止时间	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 position 单位	Duration 迄止时间	Academic 职务,职称
1. _____		
2. _____		
3. _____		
4. _____		

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:

Referee 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 中文姓名: _____

Address 地址: _____

Post Code 邮政编码: _____ Telephone 电话: _____ Mobile: _____

A recommendation letter from your referee is required. 请您的推荐人提供一份推荐信。
(You can attach the recommendation letter with your Application Form or ask your referee to send the letter directly to the address shown below. 你可以将推荐信附在申请表中一并寄来, 或请你的推荐人直接寄往以下地址.)

Declaration 声明:

※ I wish to apply for the membership of the Association of Traditional Chinese Medicine (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 waived 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 send your completed application form to 请将填妥的申请表寄往:

**Dr Huijun Shen
469 Bearwood Road
Bearwood
Birmingham
B66 4DH**

Please make sure that you have enclosed your application fee (a cheque for ,30.00 made payable to ATCM) and the photocopies of your qualification certificates.

请确定您已附上了您的报名费 (30.00 英镑的支票一张, 抬头请支付ATCM) 和学历, 文凭等证书的复印件.