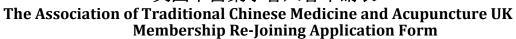
英國中醫藥學會入會申請表





◆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				Contact Telephone Number联系电话
Post Code 邮政编码				E-mail 电邮地址
Details of Previous A	ГСМ Мет	hershin A	TCM前会员会	· · 员资格情况
Previous ATCM Registrati				XX 14 1670
Year and Month when you	ı joining AT	CM last time	(上次入会年月):
Year and Month when you	ı leave/ fail	to renewal y	our ATCM m	embership (离会/未续会员资格年月):
•	Mal-Prac	tice incide		so, have you involved in any professional his period? 离会后您是否有行医? 如果是的话这期间
wish to apply to re-join the members thatever inquiries it considers neces	-			
wish to apply to re-join the members whatever inquiries it considers neces 勺调查。 hereby certify that the details on this ead to my application annulled or m	ssary in connects	tion with my app and correct to the	plication.我希望 e best of my knov	申请重新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 vledge. I understand that any false information provided by myself could
wish to apply to re-join the members whatever inquiries it considers neces 內调查。 hereby certify that the details on this ead to my application annulled or m 入会申请作废或会员资格的丧失。 will inform the ATCM Council in wri	ssary in connects s form are true y membership ting of any futu	and correct to the invalidated. 我在 ure changes of my	plication. 我希望 e best of my knov 此证实我提供的 y personal details	dicine and Acupuncture UK and I authorise the Association to carry out 申请重新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 pledge. I understand that any false information provided by myself could 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 (such as mailing address, practice address etc) immediately when they
whatever inquiries it considers necessiby in a second properties on the sead to my application annulled or my application annulled or my application annulled or my application annulled in my application annulled or my application annull	ssary in connects form are true y membership ting of any futu 址, 行医 地址等	tion with my app and correct to the invalidated. 我在 are changes of my)在将来有任何变	plication. 我希望 e best of my knov E此证实我提供的 y personal details E更, 我将立即以=	申请重新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 rledge. I understand that any false information provided by myself could 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 (such as mailing address, practice address etc) immediately when they

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ATCM Membership Re-Joining Application Checklist

- 1. Completed Membership Re-Joining Form (signed & dated), make sure you provide the details of your previous ATCM membership on the form.
- 2. A copy of your ID (passport or Driving Licence)
- 3. Copies of your relevant TCM qualification certificates
- 4. Previous ATCM Membership Certificate copy if available
- 5. £30.00 cheque made payable to **ATCM** (correct signed & dated) only if you submit your application by post.
- 6. If you submit your application by email, we will send you the application payment instruction later

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