



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

◆ **Personal Details 个人情况**

<b>Surname</b>	<b>First Name</b>
<b>Name in Chinese (if applicable) 中文姓名</b>	<b>Sex ( M/ F) 性别</b> <b>Title 称谓 : Mr, Miss, Mrs, Ms, Dr, other 其他</b>
<b>Date of Birth 出生日期</b> _____ DD _____ MM _____ YYYY	<b>Nationality 国籍</b>
<b>Postal Address: 通信地址</b>	<b>Contact Telephone Number 联系电话</b>
	<b>E-mail 电邮地址</b>
<b>Post Code 邮政编码</b>	

◆ **Details of Previous ATCM Membership ATCM前会员会员资格情况**

<b>Previous ATCM Registration Number (ATCM会员注册号) :</b>
<b>Year and Month when you joining ATCM last time (上次入会年月) :</b>
<b>Year and Month when you leave/ fail to renewal your ATCM membership (离会/未续会员资格年月):</b>

◆ **Reasons for leaving & re-joining ATCM? 离会和重新入会的原因?**

◆ **Have you ever practiced after leaving the ATCM? If so, have you involved in any professional conduct complaints or Mal-Practice incident during this period? 离会后您是否有行医? 如果是的话这期间您有涉及过任何职业操守的投诉或行医事故吗?**

**Declaration 声明:**

I wish to apply to re-join 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 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 refer to the next Checklist page for required documents to support your re-joining application**  
 请阅读下一页申请材料核查表了解需要递交的支持材料

**Please return this form by email or post 请将此表及所有材料通过电子邮件或信件方式发回:**  
 email back to: [info@atcm.co.uk](mailto:info@atcm.co.uk)

**Or post back to: ATCM, Unit 15, Siddeley House, 50 Canbury Park Road, Kingston Upton Thames, KT2 6LX**



## 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

**Please return this form by email or post 请将此表及所有材料通过电子邮件或信件方式发回:**

**email back to: [info@atcm.co.uk](mailto:info@atcm.co.uk)**

**Or post back to**

**ATCM, Unit 15, Siddeley House, 50 Canbury Park Road, Kingston Upton Thames, KT2 6LX**