英国中医药学会会员资格升级申请表
The Association of Traditional Chinese Medicine and Acupuncture UK
Membership Upgrading Application Form

Personal Details 个人情况

Surname	**First Name**
Name in Chinese (if applicable) 中文姓名	
Postal Address: 通信地址 **Post Code 邮政编码** _____ _____	**Contact Telephone Number:** **E-mail 电邮信箱**
Membership you wish to upgrading to: Full (Full TCM Practice)☐ ; Category I (Acup + Tuina)☐ ; Category II (Acup Only)☐ ; Category III (Chin patent herbal med + Acup + Tuina)☐ ; Category IV (Chinese Herbal Medicine) ☐	

When did you join ATCM?
您何时加入 ATCM： _____

Your Current ATCM Registration Number:
您现在的 ATCM 会员注册号： _____

Education 学 历

University/College 大 学/ 学 院	Subject 专 业	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 单位	Speciality 专 业	Duration 迄止时间	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:

_____

Details of your further education, CPD, mentoring attendance since you became an ATCM Associate/ Ordinary Member (please use separate sheet if more space is required):
您 ATCM 以来参加继续教育，进修培训，从师实习的详细情况（如空间不够请用另页）：

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 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

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

ATCM Membership Upgrade Application Checklist

Please make sure you submit and return the correct documents and fees as required.

Upgrading from Category/Associate Membership to Full Membership:

1. Completed Membership Upgrade Application Form (signed & dated)
2. Photocopies of your further education certificates or a reference letter from your mentor
3. Three case study reports
4. £60.00 cheque made payable to **ATCM** (correct signed & dated) only if you submit your application by post

Upgrading from Student Membership to Ordinary Membership:

1. Completed Membership Upgrade Application Form for (student- Ordinary) (signed & dated)
2. Photocopies of your further education certificates or a reference letter from your mentor

Please return your completed forms, documents and your payment(s) to ATCM office by email or post

Email: info@atcm.co.uk

Post to:
ATCM
Unit 15, Siddeley House
50 Canbury Park Road
Kingston Upon Thames
KT2 6LX