

Use this form to apply for student membership with the Federation of Chinese Medicine and Acupuncture Societies of Australia Ltd. PLEASE **PRINT**

PERSONAL INFORMATION					
Title: <i>(please tick one)</i>	Surname:	Given Name(s):	Chinese Name (if applicable):	Date of Birth:	Gender:
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other ()				/ /	<input type="checkbox"/> M <input type="checkbox"/> F
CONTACT INFORMATION					
Home Address:		Suburb:	State:	Postcode:	
Postal Address: <i>(if different from Home Address)</i>		Suburb:	State:	Postcode:	
Home Phone Number: ()	Work Phone Number: ()	Fax Number: ()	Mobile Number:		
Email Address: (If have one)					
EDUCATION AND PROFESSIONAL DETAILS <small>(Please provide evidence such as a copy of confirmation of enrolment for full time study)</small>					
Institute that you are studying acupuncture and/or Chinese herbal medicine (name, city and country of the Institute):					
Course(s) or program(s) that you are studying (name, date to complete):					
Has the course or program you are enrolling been approved by the Chinese Medicine Board of Australia (CMBA)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Professional Qualifications: (In chronological order, specifying full name of the degree/diploma, name of institute, date attended)					
VERIFICATION OF INFORMATION					Please affix one recent passport-size photo here.
I hereby verify that the above information is correct and up-to-date to the best of my knowledge and that certified copies of any relevant documentation to support my details are provided. If accepted as a student member, I will abide by the Constitution of the FCMA and will at all times conduct myself and my practice in accordance with the ethical standards set down by the FCMA.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> _____ <i>Signature</i> </div> <div style="width: 30%; text-align: center;"> / / <i>Date</i> </div> </div>					
OFFICE USE ONLY	Remarks of Qualification Examination Committee _____ _____ _____ Signed: _____	<input type="checkbox"/> CHM <input type="checkbox"/> ACU <input type="checkbox"/> MAS Therapies FCMA _____ Membership Number / / <i>Date of Approval</i>	<input type="checkbox"/> Details Checked <input type="checkbox"/> Approved _____ Presidents' Signature / / <i>Date Completed</i>		

All related documents must be certified as true copies of the originals by a person authorised to do so (eg. a Justice of the Peace)

Return Address: Please send the completed application form with all documents to the branch society of the State/Territory where you are enrolling the course.