

英国中医药学会 学生会员 申请表

The Association of Traditional Chinese Medicine (UK)

Student Membership Application Form

Personal Details 个人情况:

Surname 姓:	First Names 名:	Name in Chinese 中文姓名: (if applicable)
Date of Birth 出生日期:	Sex (M/F) 性别	Nationality 国籍:
Title 称谓: Mr, Miss, Mrs, Ms, Dr, other 其他:		Email:
Postal Address: 通信地址		
Post Code 邮政编码:	Telephone 电话:	Mobile 手机:

Education 学历:

University/College 大学/ 院	Speciality 专业	Duration 迄止时间	Degree/Certificate 学位/文凭
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Declaration 声明:

- I wish to apply for the student 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 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.

Referee 推荐人: (ATCM member preferable 最好 ATCM 会员)

Name 姓名	Name in Chinese 中文姓名:
Address:	(if applicable)
地址	Post Code 邮政编码:
	Telephone 电话:

Signature of the applicant 申请人签名: _____ **Date 日期:** _____

Please return your completed **application form**, together with a photocopy of your **student card** and **application fee of £30.00** (cheque made payable to ATCM) to the following address. 请将填妥的申请表及您的学生证复印件和 £30.00 申请费 (支票请付 ATCM) 寄往:

ATCM, 5A 3rd Floor, Grosvenor House, 1 High Street, Edgware, London, HA8 7TA