



# Academy of Chinese Medicine, Singapore

## Application Membership Form

☐

Ordinary

☐

Associate

Photo

Membership Registration No.:

Name	English							
	Chinese							
NRIC No.		Pink / Blue	Date of Birth					
Nationality		Gender	Male / Female	Marital Status	Married / Single			
Institute of Learning	Secondary / Junior College / College / University							
	Medical School							
	Higher Degree Medical School							
Highest Professional Qualification			Email					
TCMPB Registration No.			Duration of Full-Time / Part-Time Practice (No. of Years)					
Place of Practice	Clinic Name			Position				
	Address							
	Contact No.							
Mailing Address	Home Address							
	Home Contact No.			Mobile No.				
Reference	Name	1			Signature	1		
		2				2		
Supporting Document	Please enclose photocopy of Diploma/Advanced Diploma/Bachelor certificates, TCMPB Certificate							

I declare that the above information is true and accurate to my best knowledge.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### For Official Use

Academy of Chinese Medicine, Singapore 705 Serangoon Road S(328127)

Website: academycms.org

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Comment				
Eligibility for Membership	Yes		No	

Signatory/ Date Received				
Membership Fee Payment	Yes		No	
Remarks				