



美國中醫公會

American Association of Chinese Medicine and Acupuncture
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國際會員申請表

Application Form for International Member

Name in English 英文姓名		Gender 性別	
Name in Chinese 中文姓名		Birth Year 出生年	
Education 畢業學校 Please attach your diploma 請附上你的文憑			
License No. 執照號碼 Please attach your license 請附上您的執照		Issue Date 發照日期 Expiration Date 截止日期	
Working Address 工作地址			
Home Address 住宅地址			
Work Phone 工作電話		Cell Phone 手機號碼	
E-Mail Address 電子郵箱			
Referred by 介紹人及電話/電子郵箱	Name 姓名: E-Mail Address 電子郵箱:	Contact Phone 聯絡電話:	
Work Experience: 工作經驗			
Educational Background: 學歷			

After completion of the form, please email to: aacmaus@gmail.com. AACMA will inform you through email if you have been accepted as a member. Once accepted, then please go to the website: www.aacmaonline.com to pay for the annual membership fee of \$200 USD.

完成表格後, 請發送電子郵件至: aacmaus@gmail.com. 如果您被接納為會員, AACMA 將通過電子郵件通知您. 一旦被接受, 請前往網站: www.aacmaonline.com 支付 200 美元的年費.

Signature
簽名: _____

Date
日期: _____