

Please use this form for address change

No:



加州中醫公會

California Alliance of Acupuncture Medicine

Website: www.caam.us E-mail: wendyc168@gmail.com

18575 E. Gale Ave., Suite 295, Rowland Heights, CA 91748

TEL: (626) 688-6194

APPLICATION FORM

Acupuncture Lic.# :

Application Date :

Name :

Sex :

Office Address:

Office Phone:

Fax:

Home Address:

Home Phone:

Fax:

E-Mail: (mandatory)

Cellular # :

Academic Degree:

Experience:

Specialty:

Referred By:

Applicant's Signature:

Payment : Fee will be paid from September for next year.

Membership Fee: Check payable to CAAM. mail to above address.

1. Licensed Member: (Renewal \$150.00/ year Includes PAC \$75.00)

2. Non- Licensed Member: \$75.00/year

3. Student Member: \$30.00/year

4. Lifetime Member: \$ 2,000.00

*New Member: \$200.00 (Includes \$50 initial application fee + PAC \$75.00)

I'm a U.S. citizen, voluntarily donate \$75 to PAC from membership fee.

*When a new member joins to CAAM after June., the membership fee will be calculated \$15 for each ongoing month plus initial application fee \$50 and voluntarily donates \$75 to PAC. This is not applicable to existing members.

Check Number:

Total Amount:

Receipt No:

Date:

Membership Fee Category:

Approved by:

1. New Member \$200

2. Renewal Membership Fee \$150.

3. Non - Member Contribution \$ _____.