



ACMA Membership

Auckland Chinese Medical Association Inc.

PO BOX 128012, Remuera, Auckland. N.Z.

Name: _____
Last name *First names*

Chinese Characters

Gender: Male Female

Country of birth: _____

Date of birth ___/___/___

CONTACT DETAILS
Home address: _____ _____ _____
Phone: _____
Fax: _____
Email: (Compulsory) _____

I am a medical student currently in:
Year _____

Languages /dialects spoken _____

Annual membership fee: STUDENT (\$30)

Please return form and payment to any of the YACMA Committee Members and make cheque payable to AUCKLAND CHINESE MEDICAL ASSOCIATION.

Thank you.

Signature _____ Date _____
Please tick if a receipt is required