

YACMA Membership Form

(Paper)



Young Auckland Chinese Medical Association

Please fill out ALL applicable fields in CAPS.

Name: _____ (_____)
First name Preferred name/nickname (if applicable)

Last name

Gender: **Male** **Female** (please circle)

Date of birth: ___/___/___ (DD/MM/YYYY)

Contact details

University of Auckland email address: _____@aucklanduni.ac.nz

Preferred email address (if different): _____

Mobile number: _____ Home number: (____) _____

Residential address: _____ Postal address (if different): _____

_____ Postcode

_____ Postcode

I am currently in MBChB Year: **2** **3** **4** **5** **6** **BMedSc(Hons)** (please circle)

Membership Fee: **STUDENT ONE YEAR** (YACMA member for one year at Med School) **\$30**

STUDENT ALL YEARS (YACMA member for all years at Med School) **\$100**

1. Options for handing in Membership Forms (Paper) – choose either one:

- Give them to any YACMA exec in your year.
- Or, mail them to: Josephine Mak, 50 Dudley Road, Mission Bay, Auckland 1071.

2. Payments must be received to attend your first, members-only YACMA event for the year.

Options for payment of Membership Fees – choose any one:

- Cash. Give your cash payment to the same YACMA exec to whom you gave your form.
- Or, cheques. Mail these to: Josephine Mak, 50 Dudley Road, Mission Bay, Auckland 1071. Make cheques payable to **Auckland Chinese Medical Association**.
- Or, banking. Deposit your fee to **MR SHUAI YUAN** at **12-3077-0544974-50** (ASB). Include in the particulars your first name, MBChB Year and NetID/UIP.

E.g. John 4 jdoe020

Thank you.

Signature: _____ Date: ___/___/___ (DD/MM/YYYY)

Contact our membership secretary Josephine at: yacmaexec@gmail.com