



ACMA Membership

Auckland Chinese Medical Association Inc.

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

Name:

_____ Last name

_____ First names

_____ Chinese Characters

Gender: Male Female

Date of birth ___/___/___

Student ID Number: _____

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 _____