



馬來西亞中醫總會[®]
馬來西亞中醫師公會[®]



MALAYSIAN CHINESE MEDICAL ASSOCIATION
PERSATUAN TABIB TIONGHUA MALAYSIA (PPM-009-14-18121953)

No: 16 & 18, Jalan Brunei Barat, Off Jalan Pudu, 55100 Kuala Lumpur.

Tel: 03-2142 1263, 03-2142 0263

E-mail: admin@mcma.com.my Whatsapp: 016-3700 288

入会志愿书

本人 _____，发誓所呈文件决无虚假，并已详阅会员守则，了解会员权益，赞同贵会之宗旨，并愿绝对遵守总会章程，若有违反总会章程或会员守则，愿受调查与制裁。

兹特申请加入贵会为

- 普通会员 永久会员 附属会员
(附属会员: 外国医师会员 传统医师会员 文凭会员
 学生会员 中药行业会员 大马技术证书)
(请详阅背页“申请会员条规”)，谨填履历表，敬祈批准为荷。

敬致

马来西亚中医总会理事会

签名:

年 月 日 立志愿书人:()

MEMBERSHIP LETTER OF CONSENT

I _____ hereby certify that the below statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.

I have read and agreed to abide by the terms and conditions as provided in the Constitution of Malaysian Chinese Medical Association (MCMA). I understand that any violation of the aforesaid terms and conditions may result in the revocation of my membership and/or disciplinary action may be taken.

Hereby I wish to join the Association as:

- Ordinary Member Life Member Affiliate Member

(Affiliate Member:

- Overseas Member Traditional Medicine Practitioner Member Certificate Member
 Student Member TCM Industry Personnel Member Sijil Kemahiran Malaysia Member)

(SIGNATURE OF APPLICANT)

DATE:

NAME OF APPLICANT:

<div style="border: 1px dashed black; padding: 10px; text-align: center;"> <p>相片 Photo</p> </div>		申请者履历表 APPLICANT RESUME				
		中文姓名				
		NAME				
		性别 GENDER			年龄 AGE	
		国籍 NATIONALITY	<input type="checkbox"/>	马来西亚 MALAYSIAN	<input type="checkbox"/>	其他 OTHERS: _____
手机号码 MOBILE PHONE No.						
身份证号码 IDENTITY CARD No.			电邮地址 EMAIL ADDRESS			
证件号码 (非马来西亚国籍) PASSPORT No. (For Non-Malaysian)						
出生日期 BIRTH DATE			出生地点 BIRTH PLACE			
通讯处 MAILING ADDRESS						
永久通讯处 PERMANENT MAILING ADDRESS						
学术专业资格 ACADEMIC QUALIFICATIONS (可多项选择 MAY TICK MORE THAN ONE) <input type="checkbox"/> 祖传/师承 APPRENTICESHIP <input type="checkbox"/> 中医文凭 DIPLOMA/CERTIFICATE OF TRADITIONAL CHINESE MEDICINE <input type="checkbox"/> 中医学士学位 BACHELOR DEGREE OF TRADITIONAL CHINESE MEDICINE <input type="checkbox"/> 中医硕士学位 MASTER OF TRADITIONAL CHINESE MEDICINE <input type="checkbox"/> 中医博士学位 PHD OF TRADITIONAL CHINESE MEDICINE <input type="checkbox"/> 其他 OTHERS: _____						
目前工作单位名称 COMPANY NAME						
职称 DESIGNATION						
目前工作单位地址 COMPANY ADDRESS						
目前工作单位电话 COMPANY CONTACT No.			行医年数 YEARS OF PRACTICE			
主治 PROFESSION <small>*可多项选择 MAY TICK MORE THAN ONE</small>	<input type="checkbox"/> 内科 CHINESE HERBAL	<input type="checkbox"/> 针灸 ACUPUNCTURE & MOXIBUSTION	<input type="checkbox"/> 推拿 TUINA	<input type="checkbox"/> 拔罐 CUPPING		
接受信息的方式 METHOD OF RECEIVING MESSAGE <small>*可多项选择 MAY TICK MORE THAN ONE</small>	<input type="checkbox"/> WhatsApp: _____ <input type="checkbox"/> 微信 WECHAT: _____ <input type="checkbox"/> 电邮 EMAIL: _____ <input type="checkbox"/> 信函 LETTER: _____					
备注: 有意申请本会中医师证者, 请打勾 () Note: Please tick if you interested to apply Sijil Keanggotaan Perubatan Tradisional Cina from MCMA. ()						

秘书处专用 (OFFICE USE ONLY):

会员证书号:

会长:

中医师证号: