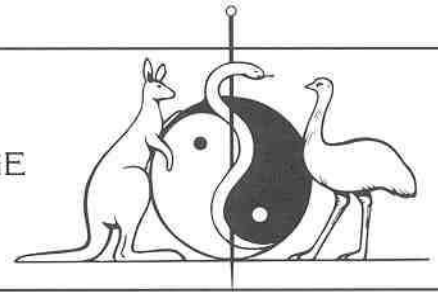


AUSTRALIAN MEDICAL ACUPUNCTURE COLLEGE

A.C.N. 006 101 613 A.B.N. 49 006 101 613



ALL CORRESPONDENCE TO

Dr Katrina Watson
Federal Secretary AMAC
PO Box 252
LEOPOLD VIC 3224

Phone/Fax: 03-5250 4876

E-mail: katrinalwatson@bigpond.com

APPLICATION FOR MEMBERSHIP

(Please use block letters, print clearly)

NAME (in block letters) SURNAME.....

GIVEN NAMES.....

DATE OF BIRTH.....

ADDRESS (Surgery)

..... Post Code.....

Telephone..... Fax.....

E-mail

(Home)

..... Post Code.....

Telephone.....

MAILING ADDRESS

..... Post Code.....

MEDICAL DEGREES

Place & Date

ACUPUNCTURE COURSES

Place & Date

NOMINATED BY MEMBER: Dr..... SIGNED.....

SECONDED BY MEMBER: Dr..... SIGNED.....

APPLICANT'S SIGNATURE DATE.....

PHOTOCOPIES OF THE FOLLOWING MUST ACCOMPANY THIS APPLICATION BEFORE IT CAN BE PROCESSED:

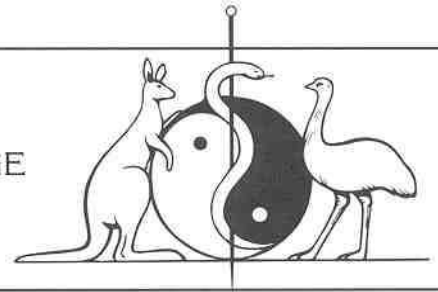
1. *Current Practicing Certificate from your State Medical Board*
 2. *Certificate / Diploma of Acupuncture Course(s) attended*
 3. *Your payment for subscription & joining fee - see tax invoice for payment options*
- 1 Jan 2007

FOR OFFICE USE ONLY
DATE OF APPROVAL:

SIGNATURE OF ACCREDITATION OFFICER:

AUSTRALIAN MEDICAL ACUPUNCTURE COLLEGE

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Name. _____

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Please fill in the above, for the Treasurer's records.

	1 July - 30 June (12 months)	1 Jan - 30 June (6 months)
Subscription	\$225.00	\$160.00
Joining Fee	\$100.00	\$100.00
GST	\$ 32.50	\$ 26.00
TOTAL	<u>\$357.50</u>	<u>\$286.00</u>

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