

PROVINCIAL MEDICAL ACUPUNCTURE ASSOCIATION, INC.

3055 Elphinstone Street, Regina Saskatchewan, S4S 2A6
Telephone: (306) 525-0007 Fax: (306) 525-1511

MEMBERSHIP APPLICATION - May 1, 2014 - April 30, 2015

NAME: _____
Last Name Given Names

ADDRESS: _____

(City) (Postal Code)

Home Tel: _____ Bus. Tel: _____ Fax : _____

Email: _____

Acupuncture Education: [] AFCI (minimum levels 1, 2A & 3A) [] McMaster Contemporary Medical Acupuncture
[] CMCC [] Other _____

Year of Completion: _____ Current PMAA Registration Number _____

Enclose a copy of your certificate with your application if **NEW** application

Enclose a copy of your current professional liability and malpractice insurance certificate for acupuncture

**** Please indicate:** [] MD [] PT [] DDS/DMD [] DC [] ND [] RMT [] Other _____

MEMBERSHIP FEE:

\$100.00 [] Initial Practicing Member (prorated to \$50.00 after October 1, 2014)

\$100.00 [] Practicing Member Renewal (due May 1, 2014)

\$ 75.00 [] Non-Practicing Member Renewal (due May 1, 2014)

Do you or have you belonged to any other acupuncture organizations? [] Yes [] No

If Yes, which organization (s)? _____

Has there ever been disciplinary action initiated against you? [] Yes [] No

If Yes, please provide COMPLETE written details including the reasons for disciplinary action, the particulars of the incident, the outcome of the action and any other information related to the disciplinary action.

Declaration: I hereby certify that the information given in this application is true, correct to the best of my knowledge and belief. I understand that a false or misleading statement may disqualify me from registration or may be cause for revocation of any registration which may be granted me.

I agree to abide by the Bylaws and Policies of the Provincial Medical Acupuncture Association

Signature: _____ Date: _____