

PROVINCIAL MEDICAL ACUPUNCTURE ASSOCIATION, INC.

143 Albert St N, Regina Saskatchewan S4R 3B8

Telephone: (306) 525-0007 Fax: (306) 775-1020

MEMBERSHIP APPLICATION - May 1, 2023 - April 30, 2024

NAME: _____
Last Name Given Names

CLINIC NAME & ADDRESS _____

(City) (Postal Code)

Home Tel: _____ Bus.Tel: _____ Fax _____

Email: _____

Acupuncture Education: McMaster Contemporary Medical Acupuncture CMCC

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, 2023)

\$100.00 Practicing Member Renewal (due May 1, 2023)

\$ 75.00 Non-Practicing Member Renewal (due May 1, 2023)

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: _____