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

附属会员：

☐ 外国医师会员 ☐ 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

Affiliate Member:

☐ Overseas Member ☐ Certificate Member ☐ Student Member

☐ TCM Industry Personnel Member ☐ Sijil Kemahiran Malaysia Member

***Please refer to the “Membership Application Terms and Conditions”.**

I hereby submit my particulars and respectfully seek your approval for membership.

_____
(SIGNATURE OF APPLICANT)
APPLICANT NAME: DATE:

相片 Photo	申请者履历表 APPLICANT RESUME			
	中文姓名			
	NAME			
	性别 GENDER		年龄 AGE	
	国籍 NATIONALITY	☐ 马来西亚 MALAYSIAN	☐ 其他 OTHERS: _____	
	个人联系号码 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 ADDRESS			

学术专业资格 ACADEMIC QUALIFICATIONS （可多项选择 MAY TICK MORE THAN ONE）

- ☐ 中医文凭 DIPLOMA/CERTIFICATE OF TRADITIONAL CHINESE MEDICINE
- ☐ 中医学士学位 BACHELOR DEGREE OF TRADITIONAL CHINESE MEDICINE
- ☐ 中医硕士学位 MASTER OF TRADITIONAL CHINESE MEDICINE
- ☐ 中医博士学位 PHD OF TRADITIONAL CHINESE MEDICINE
- ☐ 其他 OTHERS: _____

工作单位名称 COMPANY NAME			
工作单位地址 COMPANY ADDRESS			
职称 DESIGNATION			
工作联系电话 WORK CONTACT No.		行医年数 YEARS OF PRACTICE	

主治 PROFESSION *可多项选择 *MAY TICK MORE THAN ONE	☐ 内科 CHINESE HERBAL	☐ 推拿 TUINA
	☐ 针灸 ACUPUNCTURE & MOXIBUSTION	☐ 拔罐 CUPPING

其它： Others: *可多项选择 *MAY TICK MORE THAN ONE	☐ 允许公开（名字，性别，工作州属，工作联系电话）用于病人咨询。 Consent to disclose name, gender, state of practice, and work contact No. for patient enquiries.
	☐ 加入公会 Whatsapp 会员群（根据所提供手机号码）。 Join the Association's WhatsApp Group (based on the mobile number provided).
	☐ 申请马来西亚中医总会中医师证。 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：