**CHINA ASSOCIATION OF ACUPUNCTURE-MOXIBUSTION**

**MEMBERSHIP APPLICATION**

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| **Applicant’s Information/申请人信息** |
| **Name/姓名** |  | **Gender/性别** |  | photo |
| **Date of Birth/出生日期** |  | **Nationality/国籍** |  |
| **Education/学历** |  | **Degree/学位** |  |
| **Major/专业** |  | **Professional title/职称** |  |
| **Position/职务** |  | **Passport No./护照号码** |  |
| **Affiliation/工作单位** |  | **Mailing address/邮寄地址** |  |
| **TEL./电话号码** |  | **E-MAIL./邮箱** |  |
| **Any Associations Attended /已参加协会、学会** |  | **Position/任职** |  |
| **Education background (started from bachelor degree)**/**教育背景（从学士学位开始）** |
| Example: 2017.09–2022.06, Beijing University of Chinese Medicine ,Acupuncture-Moxibustion and Tuina ,Bachelor degree示例：2017.09–2022.06，北京中医药大学 针灸推拿学 学士学位 |
| **Working experience (From graduation till now)**/**工作经历（毕业至今）** |
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| **Applicant’s Statement/申请人声明** |
| I declare that the statement made in this application are true and correct to the best of my knowledge and I will comply with the regulations of China Association of Acupuncture-Moxibustion.I also declare that I have not previously done anything in any public capacity to insult China.  Applicant Signature: Date (Y.M.D): |
| **Referee’s Information/推荐人信息** |
| **Name/姓名** |  | **Email address/邮箱** |  |
| **TEL./电话号码** |  | **Affiliation/单位** |  |
| **Membership no./会员证号** |  | **Relationship with the applicant/与被推荐人的关系** |  |
| **Referee’s Recommendations/推荐人意见****(less than 500 words/少于500字)** |
| 1. **I would like to recommend\_\_\_\_\_\_\_\_\_to be a member of the China Association of Acupuncture-Moxibustion.**

(我愿意推荐xxx加入中国针灸学会会员)1. **Recommendation Letter /推荐信**（可用中文填写）**：**

 Referee Signature: Date(Y.M.D): |
| **Review opinions of China Association of Acupuncture-Moxibustion/中国针灸学会审核意见** |
|  Date(Y.M.D): |