

Chinese Canadian Medical Society (B.C.) Membership Application

Active \$125 (2 years—Oct 1, 2022 - December 31, 2024) Associate \$125 (2 years—Oct 1, 2022 - December 31, 2024) Life \$625 Student/Resident/First 2 Years in Practice - Complimentary		
Name:		
Office Address:		
Office Tel:	Fax:	
E-mail:		
(Optional)		
Home Tel:		
Mailing Address: (check one) □ Office □ Home		
Academic Profile		
□ Family Practice: Special Interest:		
	New Patients: □ Accepted □ Not Acce	epted
□ Locum		
□ Specialty:		
Degree(s):		
Medical School:		
Year of Graduation:		
Postgraduate:		
Affiliated Hospitals:		
Personal Profile		Please make cheque payable to CCMS (BC) and
Language: □ Cantonese □ Mandarin □ Others		return with the completed form to:
□ Interest in CCMS (BC) committee work		Dr. Joanne Jia 305-550 West Broadway Vancouver, BC V5Z 0E9
□ Interest in giving lectures / radio talks		Tel: 604-568-8377 Fax: 604-568-8370
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