



Chinese Canadian Medical Society (BC)

加 華 醫 學 會

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

Membership Dues:	<input type="checkbox"/> Active \$100	(2 years—January 1, 2018 - December 31, 2020)
	<input type="checkbox"/> Associate \$100	(2 years—January 1, 20178- December 31, 2020)
	<input type="checkbox"/> Life \$500	
	<input type="checkbox"/> Student/Resident - Complimentary	

Name:	_____
Office Address:	_____ _____
Office Tel:	_____ Fax: _____
E-mail:	_____
Home Address: (Optional)	_____ _____
Home Tel:	_____
Mailing Address: (check one)	<input type="checkbox"/> Office <input type="checkbox"/> Home

<u>Academic Profile</u>	
<input type="checkbox"/> Family Practice:	Special Interest: _____
	New Patients: <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted
<input type="checkbox"/> Locum	
<input type="checkbox"/> Specialty:	_____
Degree(s):	_____
Medical School:	_____
Year of Graduation:	_____
Postgraduate:	_____
Affiliated Hospitals:	_____

<u>Personal Profile</u>	Please make cheque payable to CCMS (BC) and return with the completed form to: Dr. Thomas S. Wong #2180 Aberdeen Centre, 4151 Hazelbridge Way, Richmond, B.C. V6X 4J7 Ph: 604-233-0068 Fax: 604-233-0078
Language: <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Others _____	
<input type="checkbox"/> Interest in CCMS (BC) committee work	
<input type="checkbox"/> Interest in giving lectures / radio talks	