

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



- Full \$100 ( 2 years—January 1,2012 - December 31,2013 )  
 Associate \$100 ( 2 years—January 1,2012 - December 31,2013 )  
 Life \$500  
 Student/Resident - Free

Name \_\_\_\_\_

Office Address \_\_\_\_\_  
\_\_\_\_\_

Office Tel: ( )-\_\_\_\_\_ Office Fax: ( )-\_\_\_\_\_

E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(optional) \_\_\_\_\_

Home Tel: ( )- \_\_\_\_\_

Mailing Address ( check one )     Office     Home

## Academic

Family Practice: \_\_\_\_\_

Obstetrics/Special Interest: (pls specify ): \_\_\_\_\_

Specialty: \_\_\_\_\_

Degree: \_\_\_\_\_

Medical School: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Postgraduate: \_\_\_\_\_

Affiliated Hospitals: \_\_\_\_\_

## Social

Language: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Interest in CCMSBC committee  
 Interest in giving lectures

Please make cheque payable to CCMS and return with the completed cheque to:

Dr. Thomas Wong  
#2180 Aberdeen Center  
4151 Hazelbridge Way  
Richmond B.C. V6X 4J7

Ph: 604-233-0068 Fax: 604-233-0078