



Chinese Medicine & Acupuncture Society of Australia Ltd

CMASA Membership Application Form [2015]

Personal Details:

Title Dr/Mr/Mrs/Ms/Miss _____ Date of Birth DD/MM/YYYY _____

First Name _____

Family Name _____

中文 姓： _____ 名： _____

Home address _____

Suburb _____ State _____ Postcode _____

Postal Address – To be used for all mail correspondence:

_____ State _____ Postcode _____

Phone (day) (0_) _____ Mobile _____

Fax (____) _____ Email _____

Private Insurance Provider numbers [if available]

	Modalities	Provider number	Since year
HCF	Acu/Chm	#	
	Rem	#	
Bupa	Acu/Chm	#	
	Rem	#	
Medibank	Acu	#	
	Chm	#	
	Rem	#	
others			

寒胸
子熱
亦熱
喜熱
物老
胸喜
冷飲
者不
必定
屬實
熱
熱真
者寒
胸假

Other professional Association Membership: (if applicable)

Association name	Membership number

Education Qualifications and Professional Details

Name of University / College	**Qualifications Obtained (PhD/ Master / Bachelor)	Graduation year	Accreditation Certificate (Vetassess /NOOSR) (Overseas qualifications)

**Please attached A4 separate sheet for more education qualification documents.

****Certified true copies** (by the Justice of the Peace) of all relevant documents stated above must be attached.

Professional Experience (number of years and specialised field)

Other Studies

Accredited for:

- Acupuncture? Yes No
- Chinese Herbal Medicine? Yes No
- TCM Remedial (Chinese) Massage? Yes No
- Remedial Massage (Australia)? Yes No

	Start date	Expiry date
<input type="checkbox"/> First Aid Certificate		
<input type="checkbox"/> Professional Indemnity Insurance		
<input type="checkbox"/> PII Insurance Company		
<input type="checkbox"/> Professional Indemnity	Amount \$	
<input type="checkbox"/> Public Liability	Amount \$	
Please attach a copy of your current 1/ First Aid Certificate and 2/ PII Certificate of Currency.		
<input type="checkbox"/> CMBA registration number	CMR	

Private/Business Practice Details:

Clinic or Trading name			
ABN (if available)			
Details Clinic [1]			
Address			Postcode
Phone	(0)	mobile	
Clinic [2]			
Address			Postcode
Phone	(0)	mobile	
Clinic [3]			
Address			Postcode
Phone	(0)	mobile	

Declaration:

Please answer the following questions:

1) Have you ever been convicted of a criminal offence?

Please tick: Yes No signature: _____

2) Are you the subject of any unresolved complaint, or disciplinary investigation by a professional Association or professional services review body?

Please tick: Yes No signature: _____

3) Have you ever been suspended/ expelled from another association or deregistered by a Private Health Fund?

Please tick: Yes No signature: _____

4) I am an Australian citizen / hold a legitimate permit to work in Australia?

Please tick: Yes No signature: _____

Please provide details on separate sheet if your answer is "yes" to Q1, Q2, or Q3.

Please provide details on separate sheet if your answer is "yes".

I **certify** that the information I have supplied is correct and up-to-date to the best of my knowledge. I understand that as a member of CMASA, I will abide by the constitutions of CMASA and abide the CMASA Code of Ethics and Standards of Practice in order to continue to be a member. I **agree** that the above information can be provided to any Private Health Insurance company by CMASA for the purpose of registering me to be a recognised provider with that particular Private Health Insurance Company.

I agree to adhere and abide to all the CMASA membership requirements.

Signature _____

Date _____

Please return completed Membership Application Form with and Application fees (cheque payable to CMASA) to:
CMASA Membership Committee

1st Floor, 23 John Street, Cabramatta, NSW 2166

Phone (02) 97276831 Fax(02) 97278981

Please attach
a recent (6 months)
Passport size photo
here.

Information Sheet [for your keeping]

Application Fee

Application forms should be accompanied by a non-refundable application Administration Fee of \$100 per applicant for Full, Associate and Provisional members.

Application Fee of \$10 for Student member (no annual membership fee for student member)

Application Process

1. Fill in application details as in application form page 1 to 4.
2. Send only application form with all appropriate qualification documents and application fees of AUD100.
3. Application fee can be sent with enclosed cheque payable to CMASA or internet transfer to Commonwealth Bank Account name : CMASA BSB: 062133 Ac: 10345126
 - Please state full name – new member in description box.
4. Normal application process will take up to 4 weeks.
5. You will receive a welcome email from CMASA office with details of membership fees.
6. Please note that it will take 4 to 6 weeks for private health funds listing upon received of membership fees and provided that applicant's qualification and all documents are verified.
7. A hard copy of membership certificate and CPD form will be sent.
8. Documents check list

documents	note	check
1/ Academic Qualification		
- Degree/diploma certificate	Xerox copy with Justice of the peace verification	
- transcript	Xerox copy with Justice of the peace verification	
2/ Vetassess Verification if applicable	Xerox copy with Justice of the peace verification	
3/ NOOSR verification if applicable	Xerox copy with Justice of the peace verification	
4/ First Aid certificate	Verified by Justice of the peace	
5/ Professional Indemnity - certificate of currency	A Xerox copy	
6/ others	Xerox copy with Justice of the peace verification	

9. Send application hard copies with all documents to
1F 23 John Street, Cabramatta, 2166 NSW

Preferred contact:

1. Email - CMASAtcm@hotmail.com
2. Phone 02 97276831