

佛州中医学会
Florida Acupuncture Association
Application Form for FAA Membership

English Name: Last Name _____ First Name _____

中文姓名 _____ Birthday: _____ ☐ Female ☐ Male

Business Name _____

Home Address _____

Phone No: Office: (_____) _____ - _____ Home: (_____) _____ - _____

Cell: (_____) _____ - _____

E-Mail Address: _____ (Please print Clear)_

Florida License No.: _____ Currently Practicing: ☐ Yes ☐ No

☐ New Member

☐ Renewing Membership

Your Position: ☐ Owner ☐ Employee ☐ Other

Please briefly describe your professional career (including educational background, degree, and specialties.) We would like to know if you are willing to share and teach CEU courses with your expertise. 可用中文 (Optional)

Membership Fee: ☐ Already Paid ☐ Included (see below)

Please completed application form and with a \$150.00 check for annual membership fee (make check payable to: Florida Acupuncture Association, Inc) and mail it to: Dr. Yuying Wang
11585 US Highway One, Suite 307, North Palm Beach, FL 33408 Tel: (561) 626-9188