



STUDENT MEMBERSHIP APPLICATION INFORMATION

The Acupuncture and Traditional Chinese Medicine Association of Nova Scotia (ATCMANS) encourage students to become members of a professional acupuncture association in order to have a voice in the future of development and regulation of Traditional Chinese Medicine and Acupuncture in Nova Scotia as well as Canada. Being part of a professional association can give many opportunities for students; access to seminars and workshop to strengthen and further their knowledge, the possibility to network with practitioners and learn from their experience, learn more about regulations and requirements to start and maintain a successful practice.

Eligibility to become a Student member:

In order to be eligible for student memberships an applicant must:

1. Be over 18 years of age and of good moral character.
2. Be a Canadian citizen, a Landed Immigrant or possess a valid and relevant Work Permit
3. Be a student in good standing in a recognized full-time program of at least 3 years or equivalent hours (totaling 1900 minimum classroom and which include 450hrs clinical hours in the study of Traditional Chinese Medicine/Oriental Medicine Acupuncture).
4. Be more than 3 months from graduation

Annual membership dues

There is a \$75 annual membership fee due when accepted into the association.

If a student member joins as a full member after graduation, the \$100 application fee will be waived.

Contact us

Acupuncture and Traditional Chinese Medicine Association of Nova Scotia (ATCMANS)
c/o Janine Crowe, Corporate Secretary 64 Brook Ave. Kentville, N.S., B4N 2B4
info@atcmans.ca



STUDENT MEMBERSHIP APPLICATION FORM

Please fill out the form below and submit to contact address above. Someone will contact you to confirm reception of information.

Contact for correspondence with the association: *(members are responsible to keep their contact information up to date with the association).*

Name : _____

Student ID number: _____

Mailing address: _____

Email address: _____

Telephone numbers: (1) _____ (2) _____

Name of College / University: _____

College/University Registrar Name: _____ Phone: _____

Program Name: _____

What is your expected graduation date? _____

Goals for future employment or further studies? _____

I have provided all information and not knowingly withheld or misrepresented any information in making this application.

Signed: _____ Date: _____