

Applicationform for membership Norwegian Acupuncture Association

Name: _____ Female Male

Private adr: _____ Zip/City: _____

Home phone/cell phone: _____

E-mail: _____

Date of birth: _____ Nationality: _____

Work place: _____

Work adr: _____ Zip/City: _____

Business phone: _____ Webpage: _____

Mark the address you want to receive post at: Privat Work

Do you want to sign up for our professional insurance cover? Yes No

Do you want membership in FOSMA? Yes No

Are you or have you been a member of an acupuncture association? Yes No

If yes, which one? _____

Has there ever been any complaint of your work – professional or ethical? Yes No

If yes, please attach a description of the case/cases _____

Education: Traditional Chinese Medicine/Acupuncture education/ Western medicine

Please chronologically list your colleges and/or universities attended:

| Name of institution | Date from | to |
|---------------------|-----------|----|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

Copies of all academic records/diplomas/certifications must be enclosed. If you are a registered medical doctor/nurse/physiotherapist, please enclose a copy of your registration/authorization. Please indicate any additional information you believe would be helpful to us in considering your application.

I hereby make Application for Membership to the Norwegian acupuncture association, and certify that all information given on this application is true.

Place/Date: _____ Sign. _____