Chinese Canadian Association of Biomedical Professionals (CCABP)

- Membership Application/Update Form

Please fill in membership form and enclose $20.00 for regular annual Membership due.

NEW MEMBER: Yes_____ No_____

NAME:_____
Last First Middle Name in Chinese

HOME ADDRESS:_____
Street Name and Number City

_____
Province Postal Code Telephone Fax Number

OFFICE:_____
Name of Employer Job Title

_____
Street Name and Number City

_____
Province Postal Code Telephone Fax Number

E –Mail Address:_____

Preferred Contact Address: ( ) Home ( ) Office

EDUCATION:_____
University/College Year of Graduation Degree/Diploma

PROFESSIONAL AFFILIATION:_____
Name Year of Admittance

DO YOU SPEAK CHINESE? ( ) Yes ( ) No

DATE:_____SIGNATURE_____

MEMBERSHIP DUES:
( ) $ 20.00 – Regular Full Member - per year
( ) $200.00 - Life Time Member - one time payment
( ) $ 5.00- Affiliated Student Member -Registered Students Only - per year
( ) $ 20.00 - Associate Member (non-Chinese origin) - per year
( ) $100.00 - Corporate Member- per year

PLEASE MAKE CHEQUE PAYABLE TO
Chinese Canadian Association of Biomedical Professionals (CCABP)

Submit completed Application & cheque to:
c/o Mr. Tony Wong,
Laboratory, York Central Hospital
10 Trench Street, Richmond Hill, Ontario L4C 4Z3
For Updates ONLY, Fax Form to: 905-883-2161

CCABP is a sub-section of the Federation of Chinese Canadian Professionals (Ontario) (FCCP)