



CTCMA

College of Traditional Chinese Medicine
Practitioners and Acupuncturists of British Columbia

1664 West 8th Avenue, Vancouver, BC, Canada, V6J1V4 Tel: (604)738-7100 Fax: (604)738-7171 www.ctcma.bc.ca

Change of Address or Personal Information Update Form:

A registrant must immediately notify the Registrar of any change of address, name or any other registration information previously provided to the Registrar. (Reference: CTCMA Bylaw 60)

ALL fields must be completed by ALL registrants
Full Legal Name of Registrant *(please attach documentary evidence if there has been a change since registration):*

Print (Last name) (First name) (Middle name) Registration number

1. Mandatory contact information. This section MUST be complete.

MANDATORY CONTACT INFORMATION
* to be given to the public
* PO Box is acceptable
* CTCMA will send all mail here

Address: _____
City: _____ Province: _____ Postal Code: _____
Country: _____ Tel: (____) _____ Fax: (____) _____

Clinic address (#2) and Home address (#3) will not be given to the public UNLESS you leave section (#1) blank OR address (#1) is no longer valid.

2. Clinic Address Same as Mandatory contact information? yes no

Address: _____ City: _____
Province: _____ Postal Code: _____ Country: _____
Tel: (____) _____ Cell: (____) _____ Fax: (____) _____

3. Home Address Same as Mandatory contact information? yes no

Address: _____ City: _____
Province: _____ Postal Code: _____ Country: _____
Tel: (____) _____ Cell: (____) _____ Fax: (____) _____
Email Address: _____

Signature: _____ **Date:** _____

*** Please mail this form to CTCMA – 1664 West 8th Avenue, Vancouver, BC, V6J 1V4 ***