



FTM (Friends of Tibetan Medicine)

Membership Application Form

(Please fill the form in capital letters)	
<i>For office use only:</i> Member's ID No: Date Processed:	Affix passport photo here
First Name: Middle Name: Last Name:	
Sex:	Profession:
Date of Birth:	Age:
Present Address:	Permanent Address:
Telephone Numbers: Fax number:	E-Mail: Skype:
Registration fees paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Draft / Cheque <input type="checkbox"/> Money Transfer	

I came to know of 'Friends of Tibetan Medicine' from:

- CCTM Website
- Conference, Seminar and Events organized by CCTM
- CCTM biannual SORIG Newsletter
- Recommended by CCTM Members
- Meeting of related organization
- Others, Please specify

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My interest of joining FTM:

How I can contribute to Tibetan Medicine through FTM:

Applicant signature:

Date: Place:

Thank you for registering with us!