

TCVM MEMBERSHIP APPLICATION FORM

Benefits of TCVM Membership:

1. Free case consultation with top TCVM experts.
2. Listing on www.tcvm.com and www.tcvmherbal.com and recommendation to clients of Dr. Xie's Jing-tang Herbal Inc., the first Chinese Veterinary Herbal pharmacy in the USA.
3. Pre-approved membership of TCVM online discussion group.
4. Pre-approved VIP membership of Dr. Xie's Jing-tang Herbal, where you can order TCVM products with up to 24% discount. Please visit www.tcvmherbal.com for detail.
5. Eligible for TCVM advanced programs and TCVM annual conference. Please visit www.tcvm.com for detail.

STEP 1: Check TCVM courses finished. (A copy of certificate of veterinary acupuncturist is required.)

Veterinary Acupuncture: <input type="checkbox"/> Small Animal <input type="checkbox"/> Equine <input type="checkbox"/> Mixed	From : <input type="checkbox"/> Chi Institute <input type="checkbox"/> IVAS <input type="checkbox"/> CSU <input type="checkbox"/> Tuft	When: ___/___
TCVM Clinical Approach / Herbology: <input type="checkbox"/> HT/LU <input type="checkbox"/> SP/ST <input type="checkbox"/> Liver/Endo <input type="checkbox"/> Kid/Geri <input type="checkbox"/> Derma/Immu		
Advanced Programs: <input type="checkbox"/> Veterinary Tui-na/Massage <input type="checkbox"/> TCVM Annual Conference <input type="checkbox"/> Tongue/Pulse Diagnosis & Classical Points		

STEP 2: Contact Information. (A copy of your veterinarian license is required.)

NAME	First Name:	Middle Name:	Last Name:
TITLE	NICKNAME		LICENSE #
BUSINESS			
ADDRESS (W)	Street Address: <input type="checkbox"/> List on tcvm.com and tcvmherbal.com		
	State:	Zip Code:	Country:
ADDRESS (H)	Street Address:		
	State:	Zip Code:	Country:
TELEPHONE	Work:	Home:	Fax:
EMAIL	Public: _____ For Chi Institute only: _____		

STEP 3: Select Method of Payment

The Annual Fee of Membership is \$50 and covers the Membership of TCVM for one year from the date of membership approved. You can cancel your membership at any time by calling 800-806-9868. But the annual fee of current year is NOT refundable.	
<input type="checkbox"/> VISA <input type="checkbox"/> MASTER <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER Name on Card: _____	
CREDIT CARD NO: _____ EXP. DATE: _____	
AMOUNT: <u>\$50.00</u> (<input type="checkbox"/> Charge the annual fee on this credit card every year if I don't call to cancel my membership)	
SIGNATURE: _____ DATE: _____	

STEP 4: Please print and SIGN this form. Mail and fax (if possible) the signed form with the copy of certificate of veterinary acupuncturist, the copy of your veterinarian license and your payment to us by using the contact information at the top of the page.