

AACMA Mentoring Program - Mentee Registration Form

1. Name

2. AACMA Member Number (if known)

3. Email Address

4. Contact Numbers

Work

Mobile

Home (optional)

5. Contact Address - Full Address

6. Professional Interest Areas

7. Preferred Means of Communication

- Email
- Mobile
- Conference Call
- Meeting in person
- Other (please specify)

8. Preferred Frequency of Communication with Mentor

- 1-2 times per month
- 3-5 times per month
- More than 5 times per month

9. Expectations / What I hope to achieve by being a mentee?

10. I have read the program manual and agree to abide by all program, AACMA and CMBA requirements and guidelines.

- Yes
- No

Australian Acupuncture and Chinese Medicine Association Ltd



· Since 1973 ·

AACMA

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