



Hong Kong Physiotherapy Association Limited

Membership Application/ Renewal Form for Year 2016- 2017 (Expiry Date: 31 March 2017)

Please choose one: Apply a New Membership Join SG (for renewed HKPA member)
 Renew Membership (Skip Part D if there is no change) Update Contact Information

Part A Personal Particulars (Mandatory)

Name (in English, as in HKID): _____ (in Chinese, if applicable): _____
 HKPA Membership No.: _____ PT Registration No.: _____ Gender: Male/ Female
 Email address (mandatory) ^{see note 1}: _____

Part B Membership Subscription

Membership Type		Specialty Group (\$50 for each SG per year)	
<input type="checkbox"/> Life	\$12,000	<input type="checkbox"/> Acupuncture & Integrative Medicine	<input type="checkbox"/> Geriatrics
<input type="checkbox"/> Full	\$500	<input type="checkbox"/> Cardiopulmonary	<input type="checkbox"/> Hand therapy
<input type="checkbox"/> Full (2 year membership)	\$800	<input type="checkbox"/> Rehabilitation Technology	<input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Associate (Extra \$600 for overseas member)	\$800	<input type="checkbox"/> Manipulative Therapy ^{see note 4}	
<input type="checkbox"/> Student (1 year membership) (For full time physiotherapy student)	\$100	<input type="radio"/> Full (with post-graduate qualification) <input type="radio"/> Associate	
		<input type="checkbox"/> Neurology	<input type="checkbox"/> Sports
<input type="checkbox"/> Student (4 year membership) (Year 1 physiotherapy undergraduates ONLY)	\$150	<input type="checkbox"/> Paediatric	<input type="checkbox"/> Women's Health
		<input type="checkbox"/> Occupational Safety & Health Rehabilitation	

Part C Payment ^{see note 2}

(Membership Fee) \$ _____ + (Specialty Group) \$ _____ = (Total) \$ _____
 Bank of the Cheque: _____ Cheque Number: _____

Part D Contact/ Other Information (For New application/Members with change of contact information)

Correspondence Address: _____
 Phone: (O) _____ (H) _____ (M) _____
 Working Place & Address: _____ Rank/ Post: _____
 Basic Professional Training: _____ Year of Graduation: _____
 Issuing Institute of Basic Professional Training: _____ Country: _____

Part E Declaration

I declare that all the above information and all substantial documents are true and correct. I agree to abide by the Article & Memorandum of Association and Code of Ethics of HKPA Limited.

Signature: _____ Date: _____

Notes:

- All HKPA course information will be sent via e-mail or visit HKPA website for updates.
- Cheque should be payable to "Hong Kong Physiotherapy Association Limited" with your name and contact telephone number on the back of the cheque (Never staple the cheque). Send the completed form and cheque to "Membership Secretary, Room 901, 9/F Rightful Centre, No. 12 Tak Hing Street, Jordan, Kowloon, Hong Kong (Re: Membership Renewal/ Application)".
- Photocopies of academic qualifications and other relevant documents should be submitted ONLY upon request.
- New application for full member of MTSG should submitted photocopy of post-graduate qualification.
- Application will take 4 - 6 weeks to process. 6. HKPA reserves the right to verify the identity of student membership