



Hong Kong Physiotherapy Association Limited

Membership Application/ Renewal Form for Year 2017- 2018 (Expiry Date: 31 March 2018)

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 (Year of Graduation: _____) (For full-time undergraduates only, membership valid until graduated)	\$100	<input type="radio"/> Full (with post-graduate qualification) <input type="radio"/> Associate	
		<input type="checkbox"/> Neurology	<input type="checkbox"/> Sports
		<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