



# Hong Kong Physiotherapy Association Limited

Last update: 23/Mar/2020

## Membership Application/ Renewal Form for Year 2020- 2021 (Expiry Date: 31 March 2021)

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) <sup>see note 1</sup>: \_\_\_\_\_

Membership Type	
<input type="checkbox"/> Life	\$12,000
<input type="checkbox"/> Life (2020 graduate from Physiotherapy undergraduate training)	\$6,000
<input type="checkbox"/> Full	\$500
<input type="checkbox"/> Full (2-year membership)	\$800
<input type="checkbox"/> Associate	\$800 (Hong Kong SAR) \$1,400 (non-local) <sup>see Note 2,3</sup>
<input type="checkbox"/> Student (Year of Graduation: ____) (For full time undergraduates only, Membership valid until graduated)	\$100

Specialty Group (Valid membership required)	(1) 1 year: \$50	2 years: \$100	Life: \$500
Acupuncture & Integrative Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiopulmonary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geriatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports and Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Safety & Health Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manipulative Therapy <sup>see note 4</sup>			
Full (with post-graduate qualification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Working Group (Valid membership required)	Free of charge		
Private Practice	<input type="checkbox"/>	-----	-----
Aquatic Physiotherapy	<input type="checkbox"/>	-----	-----
Mental Health	<input type="checkbox"/>	-----	-----
Community-Based Rehabilitation and Primary Healthcare	<input type="checkbox"/>	-----	-----

**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:

Rank/ Post:

Work Address:

Entry-level Professional Training (name of diploma/degree):

Year of Graduation:

Institute of Entry-level 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:**

1. All HKPA course information will be sent via e-mail or visit HKPA website for updates.
2. Payment method:

**For LOCAL applicants:**

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 Subcommittee Chairperson, Room 901, 9/F Rightful Centre, 12 Tak Hing Street, Jordan, Kowloon, Hong Kong (Re: Membership Renewal/ Application)**”.

**For NON-LOCAL applicants (including Macau and Mainland China):**

- **Payment is required only for successful applicants. Successful applicants will receive an email notice of payment. A service charge of HK\$120 will be added to the total amount.**
- The fee should be paid via **telegraphic transfer**.

Beneficiary Bank: Hang Seng Bank Limited

Beneficiary Bank Address: 83 Des Voeux Road Central, Hong Kong

SWIFT Code: HASEHKHH

CHIPS No. 010522

Beneficiary Name: Hong Kong Physiotherapy Association Limited

Beneficiary Account Number: 278-294822-001

3. For non-local applicants (including Mainland China and Macau), a photocopy of academic qualifications should be submitted together with the application form. HKPA reserves the right to request other relevant documents to the identity and academic qualifications of the applicants. Local applicants are required to submit these documents **ONLY** upon request.
4. New application for full member of MTSG should be submitted with the photocopy of post-graduate qualification.
5. Application will take 4 - 6 weeks to process.
6. HKPA reserves the right to verify the identity of student membership.

Many external organizations (locally or Mainland) will invite the HKPA for collaboration to deliver health talks, lectures/workshops and courses. Travel allowances or honoraria may be provided. If you are interested to be the instructor/speaker, please provide the following information so that we may invite you to help in the future.

Thank you for your support.

Name: <input type="checkbox"/> Same as above mentioned or others _____	
Contact phone number: <input type="checkbox"/> Same as above mentioned or others _____	
Email: <input type="checkbox"/> Same as above mentioned or others _____	
Areas of interest/expertise:	<input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neurological <input type="checkbox"/> Cardio-pulmonary <input type="checkbox"/> Sports Medicine <input type="checkbox"/> Paediatrics <input type="checkbox"/> Geriatrics <input type="checkbox"/> Women's Health <input type="checkbox"/> Occupational Safety and Health <input type="checkbox"/> Others: (Please specify) _____
Past experience in delivering talks/lectures/workshops:	<input type="checkbox"/> Hydrotherapy Programme (e.g. HKARF 香港風濕病基金會) <input type="checkbox"/> Dance Class for Diabetes <input type="checkbox"/> Dance Class for Ca Prostate (e.g. Bowtie Event) <input type="checkbox"/> Patient Care Assistance Training Others: (Please specify): _____