



# Hong Kong Physiotherapy Association Limited

## Membership Application/ Renewal Form for Year 2012- 2013 (Expiry Date: 31 March 2013)

lease 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

Name (in English, as in HKID): \_\_\_\_\_ (in Chinese): \_\_\_\_\_  
HKPA Membership No.: \_\_\_\_\_ PT Registration No.: \_\_\_\_\_ Gender:  Male/  Female  
Email address: \_\_\_\_\_  
I would like to receive HKPA promotion materials (e.g. course information):  by Post  via e-mail

### Part B Membership Subscription

Membership Type		Specialty Group (\$50 for each SG)	
<input type="checkbox"/> Life	\$10,000	<input type="checkbox"/> Acupuncture & Integrative Medicine	<input type="checkbox"/> Geriatrics
<input type="checkbox"/> Full	\$400	<input type="checkbox"/> Cardiopulmonary	<input type="checkbox"/> Hand therapy
<input type="checkbox"/> Associate	\$400 (Additional \$600 for overseas member)	<input type="checkbox"/> Electrophysical Therapy	<input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Student (1 year membership)	\$100 (For full time physiotherapy student)	<input type="checkbox"/> Manipulative Therapy <sup>see note 3</sup> <input type="checkbox"/> Full (with post-graduate qualification) <input type="checkbox"/> Associate	
<input type="checkbox"/> Student (4 year membership)	\$150 (Year 1 physiotherapy undergraduates ONLY)	<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 <sup>see note 1</sup>

(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) \_\_\_\_\_ (Fax) \_\_\_\_\_  
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:

- 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. 5.HKPA reserves the right to verify the identity of student membership