

Membership Application:

- New Member** Annual membership fee: HKD\$500
 New Member Free for CDAHK member

For official use only: received _____ approved _____

Personal Information

Name in English:	Name in Chinese:	Gender:
HKID Number:	Passport Number:	Date of Birth: (dd/mm/yy)
Clinic Address:		
Clinic Telephone Number:		Clinic Fax Number:
Email Address:		Mobile Number:

Academic/ Professional Information

Chiropractic College:	Year of Graduation:
Chiropractor Council of HK Registration Number:	
Overseas Licenses:	
Do you have a postgraduate education related to sport? If yes, please list them (e.g. CCSP, ICCSP)	

Declaration

I, _____, (name) understand the content of this form, and hereby declare that all the information is true, correct and complete. I understand that if I make a false declaration, or fail to disclose all information material to my application, my membership could be revoked. Successful applicants must be Chiropractors in good standing according to the Code of Practice of the Chiropractors Council of Hong Kong.

Signature: _____ Date : _____