



## Application form for Special Membership of IFSPT

International Federation of Sports Physical Therapy  
Luciana De Michelis Mendonça  
Chair, Membership Committee  
[lucianademichelis@yahoo.com.br](mailto:lucianademichelis@yahoo.com.br)

**Special membership** may be granted by the Executive Board or voting representatives at a General Meeting to individuals or other national organisations. Special memberships may be conferred by a (2/3) majority vote of the voting delegates. This means that young organisations which do not yet meet membership criteria will be encouraged to improve their national position to become a full IFSPT Member Organisation. It will allow the special members to attend IFSPT General Meetings, though without the right to vote or speak. The special membership can also be granted at a reduced price for a short period of time, depending on the needs of the individuals, organisations and decisions of the IFSPT Executive Board.

***Please fill out the Application form as specific as possible. Write "none" if not applicable. As an individual applicant write your own data***

### Contact information for your organisation

|   |  |
|---|--|
| Country   |  |
| Name of National Association of Physiotherapy                 |  |
| Email address   |  |
| Name of Chairperson   |  |
| Name of National Organisation of <u>Sports</u> Physiotherapy: |  |
| Postal address  |  |
| Telephone number  |  |
| Fax number  |  |
| Email address   |  |
| Website   |  |



## Application form for Special Membership of IFSPT

|   |  |
|---|--|
| Name of Chairperson                       |  |
| Name of contact person for IFSP           |  |
| Postal address of contact person for IFSP |  |
| Telephone number                          |  |
| Fax number                                |  |
| Email address of contact person for IFSP: |  |

|   |
|---|
| <b>Supporting information about your organisation</b>   |
| 1. For how long has your National Organisation in Sport Physiotherapy existed?  |
|   |
| 2. How many members do you have?  |
|   |
| 3. What are the criteria to become a member?  |
|   |
| 4. Do you charge money for this membership? (yes / no)  |
|   |
| How much do you charge per year for this (in Euros)?  |
|   |
| 5. Is your Organisation recognised by your National Association of Physiotherapy as a Specific Interest Group? (yes / no)         |
|   |
| 6. Is your Organisation recognised by your National Government and by other Organisations in Sports health care, or Universities? |
|   |
| If yes, by whom?  |



## Application form for Special Membership of IFSPT

|  |             |
|--|-------------|
| 7. Is there a post-graduate course in Sports Physiotherapy in your country? (yes / no)   |             |
| <p><i>If yes go to question 8</i><br/> <i>If no go to the bottom of this form</i></p>  |             |
| 8. How long does the post-graduate course take to complete?  |             |
| Does it lead to an academic degree?  |             |
| <p><i>If yes, what degree does it lead to?</i></p>   |             |
| Where is the post-graduate course held? You may enter more than one university   |             |
| <b>University</b>  | <b>Town</b> |
|  |             |
|  |             |
|  |             |
| Is the study method part-time or full-time?  |             |
| Does the post-graduate course include a practical training period? (yes / no)  |             |
| <p><i>If yes how many hours?</i></p>   |             |
| Do you need to have some years of working experience as a physiotherapist in general or in this area, before you can start the post-graduate course? |             |
|  |             |



**Application form for Special Membership of IFSPT**

|  |
|--|
| <i>If yes, how many years in general?</i>                      |
|  |
| <i>And how many years in the area of Sports Physiotherapy?</i> |
|  |

|   |
|---|
| <b><i>I hereby authorise that the applying organisation has taken cognisance of the existing membership conditions and the procedure for paying membership fee.</i></b> |
|   |
| Name of the president of the applying organisation:<br><br>Signature of the president of the applying organisation:<br><br>Date of application:   /   /                 |

.....  
.....

**FOR IFSPT USE ONLY:**

Date of acceptance of membership

Signature of President of IFSPT