



Application form for Membership of IFSPT

International Federation of Sports Physical Therapy
Dr Luciana De Michelis Mendonça
Chair, Membership Committee
lucianademichelis@yahoo.com.br

Contact information of your organization	
1. Country	
2. Name of the National Association of Physical Therapy	
2.1. Email address	
2.2. Name of Chairperson	
3. Name of National Organization of Sports Physical Therapy	
3.1. Postal address	
3.2. Telephone number	
3.3. Fax number	
3.4. Email address	
3.5. Website	
3.6. Name of Chairperson	
3.7. Name of contact person for IFSPT	
3.8. Postal address of contact person for IFSPT	
3.9. Telephone number	
3.10. Fax number	
3.11. Email address of contact person for IFSPT	



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Supporting information about your organization	
4. How long has your National Sport Physical Therapy Organization existed?	
5. How many members are there in your National Sport Physical Therapy Organization database?	
6. What are the criteria to become a member? Please specify.	a. b. c.
6.1. Do you need to have some years of working experience as physiotherapist in general or in this area, before you can join the National Organization of <u>Sports Physical Therapy</u> ? (yes / no)	
6.2. If yes, how many years in general?	
7. Do you charge money for this membership? (yes / no)	
7.1. How much do you charge per year for this (in Euros)?	
8. Is your Organization recognized by your National Association of Physical Therapy as a Specific Interest Group? (yes / no)	
9. Is your Organization recognized by your National Government and by other Organizations in Sports health care, or Universities?	
9.1. If yes, by whom?	

I hereby authorize that the applying organization has taken cognizance of the existing membership conditions and the procedure for paying membership fee.

Name of the president of the applying organization:

Signature of the president of the applying organization:

Date of application:



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FOR IFSPT USE ONLY:

Date of acceptance of membership:

Signature of President of IFSPT :