



## Associate Membership Application

Please correspond to:  
 Dr Carlo Ramponi  
 Chair, Membership Committee of IFSPT  
 vicepresident@ifspt.org

**Associate membership** may be granted to individuals by the Executive Board or voting representatives at a General Meeting. Associate memberships may be conferred by a majority vote of the IFSPT Executive Board. Associate members will subsequently be able attend IFSPT General Meetings but will not be granted voting rights.

*Please complete the Application form as fully as possible. Where sections are not applicable please fill as "none". As an individual applicant, please complete with your own information*

### 1. Personal contact information

1.1 Surname*	Click or tap here to enter text.
1.2 Name*	Click or tap here to enter text.
1.3 Email address*	Click or tap here to enter text.
1.4.1 twitter account 1.4.2 facebook account 1.4.3 linkedIn account	Click or tap here to enter text.
1.5 Country* (where you are working)	Click or tap here to enter text.

### 2. Contact information of your National Organization

2.1 Name of National Association of Physical Therapy*	Click or tap here to enter text.
2.1. Email address*	Click or tap here to enter text.
2.2. Name of Chairperson	Click or tap here to enter text.
2.3 Is the National Association of Physical Therapy a Member Organization of the World Confederation of Physical Therapy (WP)?* (YES/NO)	Choose an item. Please attach evidence (e.g. a copy of the WP website screenshot) (Attachment 1)

### 3. Contact information of your National Organization of Sports Physical Therapy (IF IT EXISTS)



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3. Name of National Organization of Sports Physical Therapy (if it exists):	Click or tap here to enter text.
3.1. Email address	Click or tap here to enter text.
3.2. Website	Click or tap here to enter text.
3.3. Name of Chairperson	Click or tap here to enter text.
<b>4. Supporting information about you</b>	
4.1 Are you a member of your National Association of Physical Therapy?* (YES/NO)	Choose an item. Please attach a letter (in English) from the President of the National Association of Physical Therapy with the confirmation of your membership (Attachment 2)
5. How long do you have clinical practice and/or research experience in Sport Physical Therapy?	
6. Where do you work now? (City/Country)	

Legenda: \*=mandatory

<b><i>I hereby authorize that the applying organization has taken cognisance of the existing membership conditions and the procedure for paying membership fee.</i></b>
Signature of the candidate:
Date of application:    /    /

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**FOR IFSPT USE ONLY:**

Date of acceptance of membership:

Signature of President of IFSPT: