



IFSPT INTERNATIONAL FEDERATION OF SPORTS PHYSICAL THERAPY

Sports Physical Therapy Organization Membership Application

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Chair, Membership Committee, IFSPT
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Contact information	
1. Country*	Click or tap here to enter text.
2. Name of National Association of Physical Therapy*	Click or tap here to enter text.
2.1. Name of Chairperson*	Click or tap here to enter text.
2.2. Email*	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)*	Choose an item. Please attach evidence (e.g. a copy of the WP website screenshot) (Attachment 1)
3. Name of National Organization of <u>Sports</u> Physical Therapy*	Click or tap here to enter text.
3.1. Postal address	Click or tap here to enter text.
3.2. Telephone number	Click or tap here to enter text.
3.3. Fax number	Click or tap here to enter text.
3.4. Email*	Click or tap here to enter text.
3.5. Website	Click or tap here to enter text.
3.6. Name of Chairperson*	Click or tap here to enter text.
3.7. Name of contact person for IFSPT*	Click or tap here to enter text.
3.7.1. Postal address	Click or tap here to enter text.
3.7.2. Telephone number	Click or tap here to enter text.
3.7.3. Fax number	Click or tap here to enter text.
3.7.4. Email*	Click or tap here to enter text.
4. Information about the Sports Physical Therapy Organization	
4. 1. What year was the organization formed?*	Click or tap here to enter text.
4.2. Number of members*	Click or tap here to enter text.
4.3. What are the criteria to become a member?*	Click or tap here to enter text.
4.4 Are at least 80% of your members affiliated of a World Physiotherapy Member Organisation?	Y / N
4.5. What is the cost for each member to join the organization?*	Click or tap here to enter text.



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4.6 Is your Sports Physical Therapy Group recognized as a Special Interest Group by your National Association of Physical Therapy?*	Choose an item. Please attach a letter (in English) from the President of the National Association of Physical Therapy confirming the recognition of the Sports Physical Therapy special interest group. (Attachment 2)
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Legenda: *=mandatory

Attachments included:

1. Evidence of National Physical Therapy Organisation Membership of WCPT

Choose an item.

2. Evidence of recognition of the Special Interest Group of Sports Physical Therapy by the National Physical Therapy Organisation

Choose an item.

I hereby confirm that the applying organization is aware of the membership conditions and the procedure for paying the annual membership fee.

Click or tap here to enter text.

Name of President of applying organization:

Signature of President of applying organization:

Date of application: Click or tap to enter a date.

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FOR IFSPT USE ONLY:

Date of acceptance of membership:

Signature of President of IFSPT: