



The Chiropractic Association (Singapore)

Registered Address: Singapore Professional Centre, 93 Toa Payoh Central #05-01
Toa Payoh Community Building, Singapore 319194
Tel: 6354 2502, Email: info@chiropractic.org.sg, Website: www.chiropractic.org.sg

APPLICATION FOR MEMBERSHIP

CATEGORY OF MEMBERSHIP: ___ REGISTERED PROFESSIONAL, ___ INACTIVE PROFESSIONAL, ___ STUDENT

Name _____ NRIC / Passport # _____
D.O.B. _____ Nationality _____ Home Phone _____
Home Address _____
Office Address _____
Office Phone _____ Mobile Phone _____
E-mail _____ Website _____

FOR CHIROPRACTIC STUDENTS: Please indicate school and level (year/trimester). *Please send in your application with a copy of your student ID, and the identity page of your passport or your identity card.*

School _____ Level _____

FOR PROFESSIONAL MEMBERS*:

Chiropractic College: Name & Address _____

Degree _____ Date of Graduation _____

Other Education _____ Degree _____

Other Professional Association Membership _____

** A copy of the identification page of passport, or front and back copy of Singapore NRIC and a certified true copy of Chiropractic Certificate are required. A letter of verification from your college Registrar, and applicants out of school more than one year must produce a letter from the Chiropractic Board from the last place of practice certifying good standing. If practicing in Singapore a copy of the employment pass page of passport. These documents can be scanned and sent by email to the current Honorary Secretary of TCA(S), originals made available upon request.*

Please visit <http://chiropractic.org.sg/>, read the Policy Statements, and sign below indicating agreement.

I hereby apply for membership in The Chiropractic Association (Singapore); I have read, understood and I agree to abide by the Association's Code of Ethics, Practice and Advertising guidelines. I understand that if I do not follow these guidelines in my professional and personal life, my membership will be revoked and my membership dues will be forfeited. I understand that my application is subject to approval and my application fee is non-refundable. I will be notified of the result.

Signature _____ Date _____

Payable at time of application:	<u>App. Fee</u>	<u>Annual Dues</u>
Student/Professional outside Singapore	\$15	\$25
Professional	\$30	\$240 ¹

Bank/Cheque No: _____ Amount _____

¹ Dues are pro-rated based on joining date: 100% 1 Oct - 31 Dec; 75% 1 Jan - 31 Mar; 50% 1 April or later

Please send your: **completed application form, supporting documents, dues and application fee**, to the current Honorary Secretary of TCA(S). Make your cheque payable to: The Chiropractic Association (Singapore).

For Association Use Only;

Proposed by _____ Seconded by _____

Documents Received: Identification _____ Certified Copy of Chiropractic Certificate _____

College Registrar's Letter _____ Chiropractic Board Letter _____

Payment: Cash/ Cheque _____ Amount Received _____

Date Approved _____ Membership Certificate No. _____ Date issued _____