



The Chiropractic Association (Singapore)

Registered Address: Singapore Professional Centre, 93 Toa Payoh Central #05-01

Toa Payoh Central Community Building, Singapore 319194

E-mail: info@chiropractic.org.sg Website: www.chiropractic.org.sg

APPLICATION FOR MEMBERSHIP

MEMBERSHIP CATEGORY: GENERAL MEMBERSHIP PROFESSIONAL MEMBERSHIP

Name _____ NR IC / Passport No: _____

D.O.B. _____ Nationality: _____ Occupation: _____

Home Address _____

Home Phone: _____ Office Phone: _____

Office Address: _____

E-mail Address: _____

FOR CHIROPRACTIC STUDENTS:

Please indicate school and level (year/trimester)

School _____ Level _____

FOR PROFESSIONAL MEMBERS ONLY:

Chiropractic College Name* & Address _____

Degree* _____ Date of Graduation* _____

Other Education _____ Degree _____

Other Professional Association Membership* _____

**A copy of the identification page of your passport or front and back copy of Singapore NRIC, a certified true copy of your Chiropractic Certificate is required. A letter of verification from the Registrar of your college, and, if applicable, applicants out of school more than one year, must produce a letter from the Chiropractic Board from the last place of practice certifying your good standing.*

**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 practice 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.

I certify that all above statements are true.

Signature _____ Date _____

Payable: App. Fee Annual Dues

Proposed by _____ Seconded by _____

General \$15 \$25

Bank/Cheque No: _____ Amount _____

Professional \$30 \$240

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

For Association Use Only

Date Approved _____

Documents Received: Certified Copy of Chiropractic Certificate _____ NRIC/Passport _____

College Registrar's Letter _____

Chiropractic Board Letter _____

Membership Certificate No. _____ / Date issued _____