



# JAMAICA PHYSIOTHERAPY ASSOCIATION

## MEMBERSHIP APPLICATION FORM

### Type of Membership

Student J\$500.00     Intern J\$1,500.00     Registered Therapist J\$2,000.00     Overseas Member US\$20.00

### Personal Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Practice

Private     Public     Both

Name and Address of Workplace \_\_\_\_\_

\_\_\_\_\_

Years of Practice \_\_\_\_\_

Graduate/Undergraduate Training Institution \_\_\_\_\_

\_\_\_\_\_

### Contact Information

Work \_\_\_\_\_

Home \_\_\_\_\_

Cellular \_\_\_\_\_

Pager \_\_\_\_\_

### **Addresses**

Mailing \_\_\_\_\_

\_\_\_\_\_

E mail \_\_\_\_\_

You may copy and use for initial registration or re-registration  
Mail in with your registration fee to:  
The President  
Jamaica Physiotherapy Association  
P.O. Box 167  
Kingston 7, Mona  
Jamaica W.I.