



香港執業脊醫協會有限公司

CHIROPRACTIC DOCTORS' ASSOCIATION OF HONG KONG (Ltd.)

www.cda.org.hk

G.P.O. Box 2188 Hong Kong

Tel: 8108-5688

New Membership Application:

New Member HKD\$ 2,500 + \$500 application fee = **TOTAL \$3000**

***Please note \$2500 is a discounted fee for new members (from Apr – Mar)**

***There will be no additional prorated rates**

Additional Inquest coverage HKD\$ 1,500 (optional)

Insert passport
size photo here

for official use only: received _____ approved _____

Personal Information

Name in English:	Name in Chinese:	Gender:
HKID Number:	Passport Number:	Date of Birth: (dd/mm/yy)
Clinic Address:		
Clinic Telephone Number:	Clinic Fax Number:	
Mobile Number:	Email Address: Website:	

Academic/Professional Information

Chiropractic College:	Year of Graduation:
Chiropractors Council of HK Registration Number:	
Overseas Licenses:	
Other Professional Qualifications	
Have you been convicted of any criminal offer (Local/abroad)?	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Are you/ will you be practicing Chiropractic in Hong Kong SAR Part-time or Full time?	<input type="checkbox"/> PT / <input type="checkbox"/> FT
Are you a member of any other Chiropractic association(s) based in Hong Kong? <i>(Please note that to avoid conflict of interests and to maintain the integrity of CDAHK, our policy discourages dual membership in any capacity with any other chiropractic associations within Hong Kong. We offer CDAHK benefits and privileges exclusively to our members.)</i>	<input type="checkbox"/> YES / <input type="checkbox"/> NO

Declaration

I, _____, (name) understand the content of this form, and hereby declare that all the information is true, correct and complete. I understand that if I make a false declaration, or fail to disclose all information material on my application, my membership could be revoked. Successful applicants must be Chiropractors in good standing according to the Code of Practice of the Chiropractors Council of Hong Kong and must abide to the statutes of the CDAHK.

Signature: _____ Date: _____

Application/Payment Method:

Please submit this application along with the following documents:

1. A completed malpractice insurance form (please email us if you require one)
2. A passport-sized photograph
3. Membership fee made payable to "Chiropractic Doctors' Association of Hong Kong Limited"
4. A photocopy of your graduation certificate/diploma issued by a CCE approved Chiropractic College / University
5. A photocopy of the Registration Certificate and a current Practicing Certificate issued by the Chiropractors Council of Hong Kong (for Hong Kong memberships) or an overseas regulating body (for overseas memberships)

Please note that all documents submitted will not be returned.

Mail to: **CDAHK**
Room 501, 5/F, Argyle Centre, Phase I
688 Nathan Road, Mong Kok
Kowloon
Attn: Tony Law (Finance Department)
Re: CDAHK membership



香港執業脊醫協會

Chiropractic Doctors' Association of Hong Kong

電話: 8108-5688 HKGPO Box 2188 <http://www.cda.org.hk>

Dear Chiropractor,

Thank you for your interest in joining the Chiropractic Doctors' Association of Hong Kong (CDAHK), the largest and fastest growing chiropractic association in Hong Kong.

Please be reminded that CDAHK's policy prohibits dual membership in any capacity with any other chiropractic associations within Hong Kong. This includes such posts as full members and education advisors, etc.

As Hong Kong's largest chiropractic association, it is CDAHK's mission to promote chiropractic to the general public. We have and will continue to put forth much effort and resources for the benefits of our members and the chiropractic profession. As such, to avoid conflict of interests and to maintain the integrity of CDAHK, we offer CDAHK benefits and privileges exclusively to our members.

Please be reminded that any violations of the above stated policy will result in immediate suspension of the member's CDAHK membership. The member shall be given a 14-day grace period to resolve the matter before his/her CDAHK membership is revoked without further notice. No refunds of membership fee and other paid dues will be given.

We thank you in advance for your attention in this matter, and look forward to working as a team with everyone in promoting chiropractic.

I have read and thoroughly understand, and shall comply with the policies of the Chiropractic Doctors' Association of Hong Kong.

Name

Signature

Date



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CHIROPRACTIC DOCTORS' ASSOCIATION OF HONG KONG (Ltd.)

www.cda.org.hk

G.P.O. Box 2188 Hong Kong

Tel: 8108-5688

Dear members,

As you are aware, we publish your office info (name, telephone numbers & website) on our website and other promotional materials so the public can look for the right chiropractor with ease.

Some members practice at more than one location, and would like to publish the additional office information on our website. We offer that service for an additional \$1000 per listing per year.

Those who would like to make use of this service can fill out the following table. Please note that the \$1000 listing charge runs from April – March. We are unable to pro-rate the charge for those joining mid way. Thank you for your understanding.

Member's name: _____, CC 000

Date: _____

<u>Second listing</u>			
Address	Closest MTR Station	Tel	website
<u>Third listing</u>			
Address	Closest MTR Station	Tel	website

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