



# HONG KONG CHIROPRACTORS ASSOCIATION LTD.

## 香港脊醫學會(有限公司)

### APPLICATION FOR MEMBERSHIP

Membership Number \_\_\_\_\_  
(For official use)

|  |                                 |                              |                   |
|--|---------------------------------|------------------------------|-------------------|
| Full Membership (First-time applicant YES or NO) <sup>B1</sup>   |                                 | Attach recent<br>photograph  |                   |
| Associate Membership <sup>B2</sup> Additional Molestation Defense Cost Coverage <sup>C2</sup>  |                                 |                              |                   |
| Name in English*   |                                 |                              | Name in Chinese*  |
| <i>* Practicing Chiropractor - Please use the same name as your License.</i>   |                                 |                              |                   |
| Date of Birth (dd/mm/yy)   | HKID Number                     |                              | Passport Number   |
| Nationality  | E-mail Address                  |                              |                   |
| Mobile Number  | Office Phone Number             |                              | Office Fax Number |
| Office Address   |                                 |                              |                   |
| Correspondence Address (If different from office address)  |                                 |                              |                   |
| Chiropractic College/University  |                                 |                              | Year Graduated    |
| Other Tertiary Degrees   |                                 |                              |                   |
| Registration Number with the Chiropractors Council of Hong Kong (CCHK)   | Date first registered with CCHK | Number of Years in Practice  |                   |
| Other Professional Licenses  |                                 |                              |                   |
| Membership of other Professional Associations  |                                 |                              |                   |
| 1. Have you ever been convicted of any criminal offence in Hong Kong or elsewhere?   |                                 | Yes^      No                 |                   |
| 2. Have you ever been subject to disciplinary proceedings for professional misconduct?   |                                 | Yes^      No                 |                   |
| 3. Have any claims for negligence or breach of professional duty been made in the last ten (10) years against you, or have circumstances been notified to insurers that might give rise to a claim?  |                                 | Yes^      No                 |                   |
| 4. Are you aware of any claim or circumstances that might give rise to a claim against you in which the matter is not referred to in this form?  |                                 | Yes^      No                 |                   |
| ^ If "Yes" to any of the questions above, please provide the details in respect to each matter in a separate page.   |                                 |                              |                   |
| References: Proposed by ONE HKCA Full Member in Good Standing    OR    I do not have a proposer <sup>D2</sup>  |                                 |                              |                   |
| Name of Proposer: _____  |                                 | Signature of Proposer: _____ |                   |
| I, _____, hereby declare that all the information that I provided with this application is true. Any information substantiated contrary to my declaration shall be cause for my immediate dismissal from the Association.<br>I agree to abide by the Memorandum and the Articles, codes of ethics, the constitution, resolutions, any rules, regulations, codes and such other by-laws of the Association as from time to time consolidated or modified. |                                 |                              |                   |
| Signature: _____   |                                 | Date: _____                  |                   |



### Personal Information Collection

The personal data that is herewith collected by the Hong Kong Chiropractors Association Limited is solely for the purposes of record and processing of your application for Memberships of this Association. You may contact our Honorary Secretary for access and correction of your personal data.

#### A. Qualifications required for memberships

1. The applicant should have received his/her professional education and training from educational institutions that are accredited by the Council on Chiropractic Education (CCE) and the Councils on Chiropractic Education International (CCEI).
2. The applicant must be licensed to practice Chiropractic:
  - If the applicant is practicing in Hong Kong, he/she must be registered with the Chiropractors Council of Hong Kong.
  - If the applicant is practicing elsewhere, he/she must be registered with the statutory professional regulatory body of that country.
  - If the applicant is practicing in a country where there is no professional regulation, he/she must be a member of the local chiropractic association that is recognized by the World Federation of Chiropractic.
  - At the discretion of the HKCA Council.

#### B. Membership Types and Fees

1. Full Membership (includes professional indemnity insurance) -
  - a. First-time applicant - one time discounted Annual Membership Fee: HK\$2,500 (application submitted 1 January - 30 June) / HK\$1,500 (application submitted 1 July - 31 December)
  - b. Renewal (commencing every 1 January) - Annual Membership Fee: HK\$4000
2. Associate Membership (excludes professional indemnity insurance) - Annual Membership Fee: HK\$1,500

#### C. Membership Application

1. All sections of the application form including the declaration must be completed.
2. Additional coverage for Molestation Defense Cost is available upon request for an additional fee.
3. Supporting documents:
  - Photocopy of the graduation certificates and/or diploma from your chiropractic college/university
  - Photocopy of the appropriate certificate of registration issued by the Chiropractors Council of Hong Kong
4. Payment for the appropriate Annual Membership Fee.

**Payment Method - 1:** Deposit to HKCA Ltd HSBC Account (by Online or ATM only).

- HSBC Account No: **652-037250-838** (Please specify **Savings Account**)
- Account Name: **Hong Kong Chiropractors Association Limited**

Please email the deposit slip to our Honorary Treasurer at [alextsangdc@gmail.com](mailto:alextsangdc@gmail.com) with the following details: Amount (in HKD), Date of Deposit and Deposited from which Account.

\*Please note that if the applicant pays over the Counter there will be an administrative charge by HSBC which will be referred to the applicant.

**Payment Method - 2:** A cheque payable to: “**Hong Kong Chiropractors Association Limited**”

#### D. Application Submission and Process

1. The completed application form, photocopy or scan of supporting documents, and cheque or copy of the deposit slip are to be emailed to our Honorary Secretary at [drhenrycheung.sf@gmail.com](mailto:drhenrycheung.sf@gmail.com).

Or mail to: **Hong Kong Chiropractors Association Limited**  
**Re: HKCA Membership**  
**G/F, 70B Tai Po Road**  
**Kowloon, Hong Kong SAR**

2. The applicant may be invited to attend an interview with the HKCA Council as part of the application process.
3. The applicant will be informed of the result of the application via email within 10 business days after receipt of all supporting documents and fees.
4. In circumstances of unsuccessful or withdrawal of application, any paid membership fee will be refunded (after deduction of bank administrative charges, if applicable).
5. The above may change based on the changes in the policy and regulations of the Association at times.