Membership Information

**Criteria for membership of the ICCrPT:**

Members are the national professional organisations representing physical therapists with an interest in Cardiorespiratory Physical Therapy.

Cardiorespiratory Physical Therapy special interest group/section/division wishing to apply for ICCrPT membership must satisfy the following criteria:

1. The Cardiorespiratory Physical Therapy special interest group/section/division must be a recognised sub-section of a parent national physical therapy association member of the World Confederation for Physical Therapy (WCPT).
2. Individual members of the Cardiorespiratory sub-section must also be members of the parent national physical therapy association.
3. Only one organisation per country shall be eligible for membership

Individual physical therapists who are members of a WCPT member organisation that does not have a recognised cardiorespiratory special interest group/section/division are eligible to join as an Associate member (see below).

**Membership fees and categories:**

All fees are in the pound sterling, the British currency [GBP (£)]

**Full Member**

Cardiorespiratory Physical Therapy special interest group/section/division eligible for full membership of ICCrPT are those that are a recognised Cardiorespiratory Physical Therapy sub-section of a parent national physical therapy organisation WCPT member in good standing.

***cost:***

The ICCrPT subscription fee for full ICCrPT membership is determined by the number of individual members registered with the Cardiorespiratory Physical Therapy organisation.

**Number of members**

* £1 (GBP) per member annually for the first 250 members of the Cardiorespiratory Physical Therapy special interest group/section/division
* plus £0.70 (GBP) per member over 250 members

**Associate Member**

Cardiorespiratory Physical Therapy associations eligible for associate membership are those which are part of a WCPT Member organisation, but which do not currently have an established Cardiorespiratory sub section in place, but wish to achieve full membership in the future.

*or*

Individual physical therapists who are members of a WCPT member organisation that does not have a recognised cardiorespiratory special interest group/section/division.

***cost:*** An annual fee of £30

WCPT Member organisation in countries where the latest figures published by the World Bank (<http://data.worldbank.org/data-catalog/GNI-per-capita-Atlas-and-PPP-table>) indicate the GNI per capita is less than US$3,000 are eligible to pay 50% of the ICCrPT subscription fee

Payment details

1. ICCrPT membership is for the calendar year
2. The annual subscription is due and payable by March 31 every year.
3. Each member shall pay an annual membership fee determined at the ICCrPT General Meeting. Such a fee is to be paid within three (3) months of the commencement of the calendar year.
4. The annual fee is determined by the number of individual members registered with the Cardiorespiratory Physical Therapy organisation for the current financial year
5. In default of payment of the membership fee by the due date, all membership rights will be forfeited for that calendar year, or until such time as the outstanding subscription is paid.’

Please note that all subscriptions are payable in pound sterling, the British currency [GBP (£)].

Member organisations are asked to ensure that payments are sent by bank draft to avoid charges.

Payment to be sent by direct bank transfer to:

International Confederation of Cardio-Respiratory Physical Therapists

Barclays Bank PLC [Registered in England and Wales (registered no. 1026167)].

Registered Office: 1 Churchill Place, London, E14 5HP, United Kingdom

Sort Code: 207463

Account number: 13922324

International Bank Account Numbers (IBAN): IBANGB79BARC20746313922324

Society for Wire Intercommunications of Funds Transfer (**SWIFT**) Code: BARCGB22

Please state in payment description: **ICCrPT - <*insert your member organisation*>**

Date of payment:

Please indicate whether you would like a receipt: **Yes** [ ]  **No** [ ]

NOTE – Please send a copy of the paperwork for the direct bank transfer to the ICCrPT Secretariat.

The completed application and required enclosures (in English) should be returned to:

International Confederation of Cardiorespiratory Physical Therapists

c/o Shane Patman

School of Physiotherapy

The University of Notre Dame Australia

19 Mouat Street (PO Box 1225)

Fremantle WA 6959

Australia

Fax: +61 8 9433 0556

E-mail address: shane.patman@nd.edu.au S$250.0

Application for membership

Please complete all sections of this form and the declaration, which forms part of this application

document.

Membership category being applied for:

**Full Member** [ ]  **Associate Member** [ ]

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| **Contact information for your organisation** |
| Country |       |
| Name of National Association of Physical Therapy  |       |
| Email address |       |
| Name of Chairperson / President  |       |
|  |  |
| Name of National Cardiorespiratory Physical Therapy special interest group/section/division: |       |
| Name of Chairperson / President |       |
| Email address  |       |
| Postal address |       |
| Telephone number |       |
| Fax number |       |
| Website |       |
| Name of contact person for ICCrPT |       |
| Email address: |       |
| Postal address  |       |
| Telephone number |       |
| Fax number |       |

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| **Supporting information**  |
| Is your Organisation recognised by your National Association of Physical Therapy as a special interest group/section/division? | **Yes** [ ]  **No** [ ]  |
| For how long has your National Organisation in Cardiorespiratory Physical Therapy existed? |       |
| How many members do you have in 2016? |       |
| What are the criteria to become a member?  |       |
| Do you charge money for this membership?  | **Yes** [ ]  **No** [ ]  |
| How much do you charge per year for this? |       |
| Is your Organisation recognised by your National Government and by other Organisations in Cardiorespiratory health care, or Universities?  | **Yes** [ ]  **No** [ ]  |
| If yes, by whom? |       |
| Is there a post-graduate course in Cardiorespiratory Physical Therapy in your country?  | **Yes** [ ]  **No** [ ]  |
| If yes, how long does the post-graduate course take to complete? |       |
| Does it lead to an academic degree? | **Yes** [ ]  **No** [ ]  |
| *If yes, what degree does it lead to?* |       |
| Where is the post-graduate course held? You may enter more than one university |       |
| Is the study method part-time or full-time? | full-time[ ] part-time [ ]  either [ ]  |
| Does the post-graduate course include a practical training period?  | **Yes** [ ]  **No** [ ]  |
| *If yes, how many hours?* |       |
| Do you need to have some years of working experience as a physiotherapist in general or in this area, before you can start the post-graduate course? | **Yes** [ ]  **No** [ ]  |
| *If yes, how many years in general?* |       |
| *And how many years in the area of Cardiorespiratory Physical Therapy?* |       |

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| ***I hereby authorise that the applying organisation has taken cognisance of the existing membership conditions and the procedure for paying membership fee.* Yes** [ ]  |
|  |
| Name of the Chairperson / President of the applying organisation:      Signature of the Chairperson / President of the applying organisation: Date of application:       day /       month/      year |

**FOR ICCrPT USE ONLY:**

Date of acceptance of membership (dd/mm/yyyy): / /

Signature of President of ICCrPT: