**Membership Application – renewing member**

**Year:** Choose an item.

**Type of membership:** Choose an item.

**Country:** Click here to enter text.

**Name of National Association of Physical Therapy:** Click here to enter text.

**Name of Chairperson / President:** Click here to enter text.

**Email address Chairperson / President:** Click here to enter text.

**Name of National Cardiorespiratory Physical Therapy special interest group/section/division:** Click here to enter text.

**Name of cardiorespiratory group contact Chairperson / President:** Click here to enter text.

**E-mail address of cardiorespiratory group Chairperson / President:** Click here to enter text.

**Postal Address (of cardiorespiratory group):** Click here to enter text.

**Telephone number (of cardiorespiratory group): Click here to enter text.**

**Website address of cardiorespiratory group:** Click here to enter text.

**Name of cardiorespiratory group contact / liaison person (for ICCrPT purposes):** Click here to enter text.

**Email address of cardiorespiratory group contact / liaison person (for ICCrPT purposes):** Click here to enter text.

**Postal Address (for ICCrPT purposes):** Click here to enter text.

**Telephone number (for ICCrPT purposes):** Click here to enter text.

**How many members do you have this year?** Click here to enter text.

**What are the criteria to become a member?** Click here to enter text.

**Do you charge money for his membership?** Choose an item.

**If ‘Yes’, please share how much per member** Click here to enter text.

**I hereby authorise that the applying organisation has taken cognisance of the existing membership conditions and the procedure for paying membership fee:** Choose an item.

**Name of the Chairperson / President of the applying organisation: **(insert e-signature)

**Date of application:** Click or tap to enter a date.

**Security Question: What day comes after Monday?** Click here to enter text.