**Membership Application – new 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.

**Supporting information**

***New members are required to submit a signed letter (on headed paper from the relevant WCPT Member Organisation) confirming recognition of their cardiorespiratory physical therapy special interest group/section/division that is signing up as the member of ICCrPT.***

**Is your Cardiorespiratory Physical Therapy Organisation recognised by your National Association of Physical Therapy as a special interest group/section/division?** Choose an item.

**Do you have a letter from the relevant WCPT Member Organisation acknowledging and supporting your cardiorespiratory group joining the ICCrPT:** Choose an item.

**For how long has your National Organisation in Cardiorespiratory Physical Therapy existed?** 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 this membership?** Choose an item.

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