



MEMBERSHIP APPLICATION

FIRST NAMES (IN FULL): _____

SURNAME / LAST NAME: _____

DATE of BIRTH: _____

ID / PASSPORT NUMBER: _____

COUNTRY OF ORIGIN: _____

ADDRESS: POSTAL

PRACTICE

TELEPHONE: Area Code: _____

Area Code : _____

Practice: _____

Home: _____

FACSIMILE: _____

Cell / Mobile: _____

E-MAIL: _____

CATEGORY of MEMBERSHIP being applied for (please tick)

FULL MEMBERSHIP _____

ASSOCIATE MEMBERSHIP: _____

(Part-time, lecturers, retired, foreign etc.)

AFFILIATE MEMBERSHIP: _____ **(other professions – specify Discipline)**

INTERN MEMBERSHIP: _____

STUDENT MEMBERSHIP: _____

QUALIFICATIONS: _____

CHIROPRACTIC INSTITUTION GRADUATED FROM / ATTENDING:

GRADUATION DATE: _____

OTHER QUALIFICATIONS: _____

WHEN & WHERE OBTAINED: _____

ARE YOU REGISTERED WITH THE ALLIED HEALTH PROFESSIONS COUNCIL of

NAMIBIA: _____

REGISTRATION NUMBER: _____ **Date of Registration:** _____

ARE YOU REGISTERED WITH ANY OTHER COUNCIL, BOARD OR STATE

ELSEWHERE: _____

NAME BODY REGISTERED WITH: _____

HAVE YOU APPLIED FOR A PRACTICE NUMBER from NAMAf: _____

PRACTICE NUMBER: _____

NB: (*Copies of ALL QUALIFICATIONS and REGISTRATION must be submitted with this application*)

HOW LONG HAVE YOU PRACTICED CHIROPRACTIC? _____

TECHNIQUES PREFERRED IN PRACTICE: _____

MODALITIES / ADJUNCT THERAPIES UTILISED IN PRACTICE: _____

HAVE YOU EVER BEEN CONVICTED OF A GROSS MISDEMEANOR? _____

IF YES, PLEASE SUBMIT DETAILS: _____

HAVE YOU EVER BEEN EXPELLED, SUSPENDED or REFUSED MEMBERSHIP IN ANY CHIROPRACTIC ORGANIZATION? _____

IF YES, PLEASE SUBMIT DETAILS: _____

HAVE YOU EVER BEEN IMPLICATED IN ANY DISCIPLINARY ACTION? _____

IF YES, PLEASE SUBMIT DETAILS: _____

**I HEREBY AGREE TO ABIDE BY THE RULES, REGULATIONS AND CONSTITUTION of
the NAMIBIAN CHIROPRACTIC ASSOCIATION.**

SIGNATURE of APPLICANT: _____

DATE of Application: _____ **N\$ 100.00 Application Fee Enclosed:** _____

PLEASE SUBMIT THIS FORM to the NAMIBAIN CHIROPRACTIC ASSOCIATION.

elga.drews@iway.na