

# Membership Application

International Association of Clinical Biomechanics Limited



Please read the Membership Information before completing this form

## Personal Details

Affix photo here	Title			
	First Name			
	Surname			
	Postal address			
	Suburb	State	Postcode	
	Home telephone / Mobile (for office use only)			

Email

Gender Female  Male

Date of Birth  Country of Birth

What is your country of citizenship?

Have you been known under any other name/s? Yes  No  (If yes, please state names)

## Membership Type

Doctor / Practitioner  Student  Associate Member

## Education Qualifications

Name of qualification

(Please attach certified copies of all qualifications)

Name of teaching institution you attended

Address of teaching institution you attended

Date studies commenced  Date qualification awarded

Name of other Association/s of which you are a member:

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## Clinic Details

My primary clinic address is (full street address required, not PO):

  

Suburb

Postcode

State

Note: This email address will be used to log into the members only section of the Associations website.

Clinic website address

For additional clinic addresses please provide all the above details on a separate piece of paper and attach it to your application.

Do you offer a mobile service? Yes  No  Do you make home visits? Yes  No

Are you fluent in a language other than English? Yes  No  If yes, please specify

## Additional Information

How did you hear about us?  Presentation/Material  Lecturers  Social Media (please specify)

Other (please specify)

I have attached all of the documents required: Yes  No

## Membership Fees for All Countries

Membership - Annual Fee	US\$50.00
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Prices are correct at time of publication, but are subject to change without notice. For applicants who do not proceed with membership, the administrative fee will be forfeited.

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## Payment Details

Cheque/Money Order (Australia Only)

Direct Bank Deposit

Please make cheque payable to:  
International Association of Clinical Biomechanics Ltd

Post cheque to:  
27 Monro Avenue  
Kirrawee NSW 2232

**Direct Deposit Details:**

Bank: Westpac Banking Corporation  
Account Name: International Association of Clinical  
Biomechanics Ltd  
BSB: 032 -112  
Account Number: 306 473

Reference on EFT: Insert Your Full Name

Email Remittance to: [info@iaclinicalbiomechanics.org](mailto:info@iaclinicalbiomechanics.org)

SWIFT Code: WPACAU2S

## Declaration

Have you ever been convicted of a criminal offence, had a complaint made against you considered by a complaints or disciplinary body including other associations, been suspended or expelled from another association, or been investigated, suspended or deregistered as a provider from a health fund? Yes  No

If yes, please provide details on a separate page.

I declare that the information in this application and supporting documentation is true and correct. I agree to abide by the International Association of Clinical Biomechanics Constitution, Code of Conduct and official policies.

Signature

Date