



# Malta Chiropractic Association

## Application for Associate Membership

Please, read all sections filling, where applicable, in capital letters and sign the declaration.

### SECTION ONE

#### Personal Details

Name

Surname

Date of Birth (dd/mm/yy)

Place of Birth

Nationality

Address

Telephone

Mobile

Email

Attach a passport photo here



## SECTION TWO

### Professional Details

Education

Credentials

Job Title

<input type="text"/>	<input type="text"/>
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Professional Interest/s

### Other professional associations

*Please, give details, including dates, of other professional associations to which you are registered or have been registered:*

### Previous employment

*Please, give details and addresses of previous employment you have worked in the last two years:*

### Other Professional Qualifications

*Please, tell us of other current or former professions practiced and/or qualifications/degrees held:*

### Malpractice

*Please, give details of any malpractice suit that has, or has been, brought against you, including the result of the suit:*

### Criminal Offences

*Please, let us know if you have a criminal record of any kind, giving details of offences and dates of conviction:*

### Health Status

*Please, tell us if you suffer from any physical/mental impairment or chronic illness:*

### SECTION THREE

#### Requirements

Please, note that the following required documentation is enclosed.

- 1) Current passport photograph - *(affix in section one where indicated)*.
- 2) Copies of your Professional Qualification/s.
- 3) Two letters of reference, as following:
  - a) A professional reference from a current/former employer/colleague, (for character and professional performance,
  - b) A character reference from someone you know - doctor, lawyer etc. (Not a family member or chiropractor).
- 4) Application and registration fees:
  - Cheques made payable to Malta Chiropractic Association.
- 5) Include details of a registered chiropractor you have met, or contacted, in Malta.

MCA Member

Details

#### DECLARATION

I ..... *(insert full name in block capitals)*,  
hereby declare that the foregoing information is true to the best of my knowledge, and shall be the basis of my membership of the MCA. I shall notify the MCA of any changes in these details. I have read, understood and agree to abide by the Rules, Bye-laws and Code of Conduct of the MCA.

Signed ..... Date \_\_\_/\_\_\_/\_\_\_

*(Please, return this form, with enclosure, to:*

*Steven Zammit  
MCA Secretary  
156, Vjal Il-Wiehed U Ghoxrin Ta' Settembru  
Naxxar, NXR1010  
Malta*

#### FOR OFFICE USE ONLY

Date received	Date approved	Member contacted