

The Society of Chartered Physiotherapists Pakistan



P.O Box # 1052, Faisalabad, Pakistan.

www.csppak.org

Membership Request Form

Please complete this application form in **BLOCK LETTERS**

Photo

Personal Information
First Name
Middle Name
Last Name
Gender
Date of Birth

Contact Details
E Mail Address
Phone Res.
Mobile #
Home Address:

Type of Membership

Professional

Student

Associate

Work Place Information

Designation _____ Email _____

Organisation _____

Address _____

Phones: _____ Contact Time _____

Academics

(starting from BSPT to onward)

No.	University / Institute	Degree Title	Year	%
1				
2				
3				
4				
5				

Oath

I agree to abide by the rules of professional conduct as laid down by the SCPP. I declare that the information in this document is true and accurate. I allow SCPP to display my professional information on web.

Dated _____

For Official use only

Membership #: _____ Dated: _____

Comments: _____

Secretary

General Secretary

President