



香港執業脊醫協會有限公司

CHIROPRACTIC DOCTORS' ASSOCIATION OF HONG KONG (Ltd.)

[www.cda.org.hk](http://www.cda.org.hk)

G.P.O. Box 2188 Hong Kong

Tel: 8108-5688

## New Membership Application:

New Member HKD\$ 2,000 + \$500 application fee = **TOTAL \$2500**

**\*Please note \$2000 is a discounted fee for new members (from Apr – Mar)**

**\*There will be no additional prorated rates**

Additional Inquest coverage HKD\$ 1,500 (optional)

Insert passport  
size photo here

for official use only: received \_\_\_\_\_ approved \_\_\_\_\_

### Personal Information

Name in English:	Name in Chinese:	Gender:
HKID Number:	Passport Number:	Date of Birth: (dd/mm/yy)
Clinic Address:		
Clinic Telephone Number:	Clinic Fax Number:	
Mobile Number:	Email Address: Website:	

### Academic/Professional Information

Chiiropractic College:		Year of Graduation:	
Chiiropractors Council of HK Registration Number:			
Overseas Licenses:			
Other Professional Qualifications			
Have you been convicted of any criminal offer (Local/abroad)?	<input type="checkbox"/> YES / <input type="checkbox"/> NO		
Are you/ will you be practicing Chiiropractic in Hong Kong SAR Part-time or Full time?	<input type="checkbox"/> PT / <input type="checkbox"/> FT		
Are you a member of any other Chiiropractic association(s) based in Hong Kong <i>(Please note that to avoid conflict of interests and to maintain the integrity of CDAHK, our policy discourages dual membership in any capacity with any other chiiropractic associations within Hong Kong. We offer CDAHK benefits and privileges exclusively to our members.)</i>	<input type="checkbox"/> YES / <input type="checkbox"/> NO		

### Declaration

I, \_\_\_\_\_, (name) understand the content of this form, and hereby declare that all the information is true, correct and complete. I understand that if I make a false declaration, or fail to disclose all information material to my application, my membership could be revoked. Successful applicants must be Chiiropractors in good standing according to the Code of Practice of the Chiiropractors Council of Hong Kong and must abide to the statutes of the CDAHK.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Application/Payment Method:

Please submit this application along with the following documents:

1. A completed malpractice insurance form (see page 3)
2. A passport-sized photograph
3. Membership fee made payable to "Chiropractic Doctors' Association of Hong Kong Limited"
4. A photocopy of your graduation certificate/diploma issued by a CCE approved Chiropractic College / University
5. A photocopy of the Registration Certificate and a current Practicing Certificate issued by the Chiropractors Council of Hong Kong (for Hong Kong memberships) or an overseas regulating body (for overseas memberships)

Please note that all documents submitted will not be returned.

Mail to: CDAHK  
GPO Box 2188 Hong Kong

# Proposal Form for Individual Chiropractor

For use with the **QBEHKS Malpractice Liability** Proposal

## Notice to the Proposed Insured

- This Proposal Form forms part of the Insurance Policy which shall be the basis of the contract should a Policy be issued.
- Answers are required for each question in this Proposal Form. Proposal Form containing unanswered questions or blank answers will not be accepted.
- If there is not enough room on this Proposal Form to complete any of Your answers, please continue them on another piece of paper then attach the paper to this Proposal Form.

(i) Insured **Members of Chiropractic Doctors' Association of Hong Kong Limited**

(ii) Period of Cover: From 01 / 04 / 2015 to 31 / 03 / 2016

(iii) Name of Chiropractor

(iv) Correspondence Address \_\_\_\_\_

(v) Qualifications:

(vi) The Chiropractors Council Registration No. : \_\_\_\_\_

(vii) Date Qualified \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(viii) Do you want to procure inquest coverage (sub-limit HKD 1,000,000) in respect of investigation , inquiry or disciplinary proceedings conducted by The Chiropractors Council (subject to additional premium HKD 1,500) ? Yes  No

## Claims Details

(i) Have you ever been subject to disciplinary proceedings for professional misconduct? Yes  No

(ii) Have any claims for negligence or breach of professional duty been made in the last ten (10) years against you, or have circumstances been notified to insurers that might give rise to a claim? Yes  No

(iii) Are you aware of any claim or circumstances that might give rise to a claim against you which matter is not referred to in the Proposal Form? Yes  No

*\* If Yes to any of the question above, please provide the details in respect to each matter.*

## DECLARATION

I, the undersigned, am authorised proposed Insured Persons, after enquiry declare as follows:

1. I am authorised by each of the other Applicants to complete this Declaration.
2. I have read and understood the Notice to the Proposed Insured on the top of the Proposal Form.
3. I have read the Proposal, the accompanying documents and this Declaration and acknowledge the contents of same to be true and complete.
4. I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform QBEHKS of any change in the particulars or statements contained in the Proposal, the accompanying documents or this Declaration.

Although the signing of this Declaration does not bind the Applicants to effect insurance, the Applicants acknowledge that the particulars and statements contained in the Proposal, the accompanying documents and this Declaration shall be the basis of the contract should a Policy be issued; and further, the Applicants acknowledge that the Proposal, the accompanying documents and this Questionnaire will be incorporated in the Policy.

Name of Chiropractor: \_\_\_\_\_

Signed : \_\_\_\_\_ Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_



香港執業脊醫協會

Chiropractic Doctors' Association of Hong Kong

電話: 8108-5688 HKGPO Box 2188 <http://www.cda.org.hk>

Dear Doctor of Chiropractic,

Thank you for your interest in joining the Chiropractic Doctors' Association of Hong Kong (CDAHK), the largest and fastest growing chiropractic association in Hong Kong.

Please be reminded that CDAHK's policy prohibits dual membership in any capacity with any other chiropractic associations within Hong Kong. This includes such posts as full members and education advisors, etc.

As Hong Kong's largest chiropractic association, it is CDAHK's mission to promote chiropractic to the general public. We have and will continue to put forth much effort and resources for the benefits of our members and the chiropractic profession. As such, to avoid conflict of interests and to maintain the integrity of CDAHK, we offer CDAHK benefits and privileges exclusively to our members.

Please be reminded that any violations of the above stated policy will result in immediate suspension of the member's CDAHK membership. The member shall be given a 14-day grace period to resolve the matter before his/her CDAHK membership is revoked without further notice. No refunds of membership fee and other paid dues will be given.

We thank you in advance for your attention in this matter, and look forward to working as a team with everyone in promoting chiropractic.

-----  
I have read and thoroughly understand, and shall comply with the policies of the Chiropractic Doctors' Association of Hong Kong.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



香港執業脊醫協會有限公司

CHIROPRACTIC DOCTORS' ASSOCIATION OF HONG KONG (Ltd.)

[www.cda.org.hk](http://www.cda.org.hk)

G.P.O. Box 2188 Hong Kong

Tel: 8108-5688

## Membership Renewal:

- Full year - Returning Member HKD\$3500 (renewal application processed between Apr 1 through Sept 30)
- Half year - Returning Member HKD\$3000 (renewal application processed between Oct 1 through Dec 31)
- 3-month - Returning Member HKD\$2000 (renewal application processed between Jan 1 through Mar 31)
- Additional Inquest coverage HKD\$ 1,500 (optional)

for official use only: received \_\_\_\_\_ approved \_\_\_\_\_

### Personal Information

Name in English:	Name in Chinese:	
Clinic Address:		
Clinic Telephone Number:	Clinic Fax Number:	
Mobile Number:	Email Address:	Website:

### Academic/Professional Information

Chiropractors Council of HK Registration Number:	
Have you been convicted of any criminal offer (Local/abroad)?	<input type="checkbox"/> YES / <input type="checkbox"/> NO
Are you/ will you be practicing Chiropractic in Hong Kong SAR Part-time or Full time?	<input type="checkbox"/> PT / <input type="checkbox"/> FT
Are you a member of any other Chiropractic association(s) based in Hong Kong <i>(Please note that to avoid conflict of interests and to maintain the integrity of CDAHK, our policy discourages dual membership in any capacity with any other chiropractic associations within Hong Kong. We offer CDAHK benefits and privileges exclusively to our members.)</i>	<input type="checkbox"/> YES / <input type="checkbox"/> NO

### Declaration

<p>I, _____, (name) understand the content of this form, and hereby declare that all the information is true, correct and complete. I understand that if I make a false declaration, or fail to disclose all information material to my application, my membership could be revoked. Successful applicants must be Chiropractors in good standing according to the Code of Practice of the Chiropractors Council of Hong Kong and must abide to the statutes of the CDAHK.</p> <p>Signature: _____ Date : _____</p>
---



香港執業脊醫協會有限公司

CHIROPRACTIC DOCTORS' ASSOCIATION OF HONG KONG (Ltd.)

[www.cda.org.hk](http://www.cda.org.hk)

G.P.O. Box 2188 Hong Kong

Tel: 8108-5688

Dear members,

As you are aware, we publish your office info (name, telephone numbers & website) on our website and other promotional materials so the public can look for the right chiropractor with ease.

Some members practice at more than one location, and would like to publish the additional office information on our website. We offer that service for an additional \$1000 per listing per year.

Those who would like to make use of this service can fill out the following table.

Please note that the \$1000 listing charge runs from April – March. We are unable to pro-rate the charge for those joining mid way. Thank you for your understanding.

Member's name: \_\_\_\_\_, CC 000 \_\_\_\_\_

Date: \_\_\_\_\_

<u>Second listing</u>			
Address	Closest MTR Station	Tel	website
<u>Third listing</u>			
Address	Closest MTR Station	Tel	website

### Renewal/Payment Method:

Please submit this application along with the following documents:

1. A completed malpractice insurance form (see page 3)
2. Membership fee made payable to "Chiropractic Doctors' Association of Hong Kong Limited"

Mail to: CDAHK  
GPO Box 2188 Hong Kong

# Proposal Form for Individual Chiropractor

For use with the **QBEHKS Malpractice Liability** Proposal

## Notice to the Proposed Insured

- This Proposal Form forms part of the Insurance Policy which shall be the basis of the contract should a Policy be issued.
- Answers are required for each question in this Proposal Form. Proposal Form containing unanswered questions or blank answers will not be accepted.
- If there is not enough room on this Proposal Form to complete any of Your answers, please continue them on another piece of paper then attach the paper to this Proposal Form.

(i) Insured **Members of Chiropractic Doctors' Association of Hong Kong Limited**

(ii) Period of Cover: From 01 / 04 / 2016 to 31 / 03 / 2017

(iii) Name of Chiropractor

\_\_\_\_\_

(iv) Correspondence Address \_\_\_\_\_

\_\_\_\_\_

(v) Qualifications:

\_\_\_\_\_

\_\_\_\_\_

(vi) The Chiropractors Council Registration No. : \_\_\_\_\_

(vii) Date Qualified \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(viii) Do you want to procure inquest coverage (sub-limit HKD 1,000,000) in respect of investigation , inquiry or disciplinary proceedings conducted by The Chiropractors Council (subject to additional premium HKD 1,500) ? Yes  No

## Claims Details

(i) Have you ever been subject to disciplinary proceedings for professional misconduct? Yes  No

(ii) Have any claims for negligence or breach of professional duty been made in the last ten (10) years against you, or have circumstances been notified to insurers that might give rise to a claim? Yes  No

(iii) Are you aware of any claim or circumstances that might give rise to a claim against you which matter is not referred to in the Proposal Form? Yes  No

*\* If Yes to any of the question above, please provide the details in respect to each matter.*

## DECLARATION

I, the undersigned, am authorised proposed Insured Persons, after enquiry declare as follows:

1. I am authorised by each of the other Applicants to complete this Declaration.
2. I have read and understood the Notice to the Proposed Insured on the top of the Proposal Form.
3. I have read the Proposal, the accompanying documents and this Declaration and acknowledge the contents of same to be true and complete.
4. I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform QBEHKS of any change in the particulars or statements contained in the Proposal, the accompanying documents or this Declaration.

Although the signing of this Declaration does not bind the Applicants to effect insurance, the Applicants acknowledge that the particulars and statements contained in the Proposal, the accompanying documents and this Declaration shall be the basis of the contract should a Policy be issued; and further, the Applicants acknowledge that the Proposal, the accompanying documents and this Questionnaire will be incorporated in the Policy.

Name of Chiropractor: \_\_\_\_\_

Signed : \_\_\_\_\_ Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_