

**( KPTA Membership Form )**

Dear Mr. Secretary of the Kuwait Physical Therapy Association

I, the undersigned would like to join the Kuwait Physical Therapy Association as a Member

Name in Arabic: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Name in English: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

And I hereby vow to follow all the terms and conditions of the Kuwait Physical Therapy Association

And pay all the registration and the annual fees of the KPTA.

Civil I.D. number:

Work Location : \_\_\_\_\_ Job Title : \_\_\_\_\_

Date of the B.Sc. Degree in P.T. : \_\_\_\_\_ From Where : \_\_\_\_\_

Date of the M.A. Degree in P.T. : \_\_\_\_\_ From Where : \_\_\_\_\_

Date of the Ph.D. in P.T. : \_\_\_\_\_ From Where : \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Mobile Phone : \_\_\_\_\_ Work Phone : \_\_\_\_\_ Ext. : \_\_\_\_\_

Email: \_\_\_\_\_

Name : \_\_\_\_\_ Date of Application : \_\_\_\_\_

Signature :

*Mr. Secretary's Signature*

Approved in Board meeting Number : \_\_\_\_\_

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

KPTA Membership # :

**Notice & requirements:**

Fill out the whole form

Copy of a valid civil I.D.

Names should be spelled same as passport

2 personal picture 4x6

Copy off all academic degrees