



MEMBERSHIP APPLICATION FORM

Section A - Personal Particulars

Please provide FULL personal details

Type of application(please tick): _____ New application _____ Renewal _____ Rejoin

Last Name in English		First Name in English	
Chinese Name		Date of Birth(D/M/Y)	
Nationality		Contact Number	
HKID/Passport No.		Email	
Current Employer (Company Name)		Years of employment	
Name of employer		Types of employment	
Residential Address			

Section B - Types of Membership

Please read the “General Information on Membership Application” before tick

<i>CATEGORY A</i> <i>Sports Therapy Memberships</i>	<i>Please Tick</i>	<i>CATEGORY B</i> <i>Non Sports Therapy Memberships</i>	<i>Please Tick</i>
Registered Member		Medical and Allied Health	
Non-practicing Member*		Professional	
Student Member			

*insurance will not be cover for non-practicing members

Section C - Documents (in copies) - please check and tick before submit the form

****HKID/Passport is required for ALL Types of memberships****

Sports Therapy Memberships

1. Registered Member
___ Membership certificate of SST/STO/BASRaT
___ Academic Diploma/Degree if no UK membership
2. Student Member
___ Student Card
3. Non-practicing
___ Membership certificate of SST/STO/BASRaT
___ Academic Diploma/Degree if no UK membership

Non Sports Therapy Memberships

1. Medical and Allied Health
___ Registration Certificate
2. Professional
___ Academic Diploma/Degree of the related professionals
___ Specialist Certifications(if have)

Section D - Membership Fees with Professional Indemnity Insurance Cover

Membership Fees

Category A - Sports Therapy Members

Anniversary of commencement is set:

1st July each year(annually)

- Registered Members \$400/year
- Non-practicing Members \$400/year
- Student Members \$200/year

1st January each year(semi-annually)

- Registered Members \$200/half-year
- Non-practicing Members \$200/half-year
- Student Members \$100/year

Category B - Non Sports therapy Members - annual only

Commencement date on 1st day each month after approval.

- Medical and Allied Health Members \$600/year
- Professional Members \$600/year

Professional Indemnity Insurance Under STAoHK Bundle

Professional Indemnity Insurance is MANDATORY TO “CATEGORY A” MEMBERS - excepted non-practicing members.

Applicants who apply to category B members can insure the professional indemnity cover by **VOLUNTARY** basis. STAoHK reserves the right to requests any individuals of non-sports therapy members to insure the professional indemnity cover as the part of membership requirement.

Sum insured : HK\$10,000,000 for any one claim and HK\$20,000,000 in the aggregate

Insurer: Liberty Specialty Markets Hong Kong Limited

Premium included Government levy: \$750.75/12 months OR \$375.40/ 6 months

QUESTIONS FOR INSURER’S UNDERWRITING PURPOSE - MANDATORY

(TO BE FILLED BY “CATEGORY A” MEMBERS APPLICANTS/WHOSE BEING REQUESTED TO COVER ONLY)

1. Please advise your annual salary:

	Hong Kong	China	Asia	USA/Canada	*Other Countries	No. of Patients
Past 12 months						
Next 12 months						

*Please specify the “other countries”: _____

2. Do you practice outside the HKSAR region? *Yes/No

*Please specify if “yes”: _____

3. Have you been subject to disciplinary proceedings for professional misconduct?

Yes/No

4. Have any claims for negligence or breach of professional duty been made in the past 10 years against you, or have circumstances been notified by the insurer that might give rise to a claim against you?

Yes/No

5. Are you aware of any circumstances which may give rise to a claim against you?

Yes/No

Documents Submission

Please complete and return the form with copy of documents to:

- Email to enquiry@staohk.org ,or;
- Mail to P.O Box 60214

Declaration

I, _____(Name of applicant) declared that all information given is true and correct.
Any false information will lead to forfeited application of membership.

Renew or rejoin of membership - I declared that I have no conviction to any criminal offense in the past 12 months. Please submit the details separately to enquiry@staohk.org for an assessment before proceeding with the application if you have.

For renewal of Category A Registered Members:

- ____ Valid first aid certificate w/ AED
(applicant can submit the certificate copy on or before 30 Sep 2024 in case of expiry)
____ 16 hours CPD completed(random audit is mandatory when requested)

Personal Information Collection Statement

The information collected from you is for the purpose of application and verification of your information given for the membership of Sports Therapists Association of Hong Kong(STAoHK).

You have the right to request access to and correction of information held by us about you. If you wish to access or correct your personal data, please contact us by enquiry@staohk.org .

Signature of the Applicant

Date of Application _____

Staff Use Only

Type of membership code - RM/SM/MAH/NP/Pro
Approved/Rejected
Approval date(D/M/Y) _____/_____/_____
Membership number/Registration number(Type code/year/serial) _____
Date of payment received _____