



**CHIROPRACTORS' ASSOCIATION OF AUSTRALIA  
(QUEENSLAND) LIMITED**  
A.C.N. 050 399 436

433 LOGAN ROAD, STONES CORNER, QLD, 4120, AUSTRALIA  
Email: [admin@caaq.com.au](mailto:admin@caaq.com.au)

***MEMBERSHIP APPLICATION FORM***  
***Student***

**All sections of this form must be completed**

**Please print all details**

**Office Use Only**

Date of Receipt  
Date of Exec Meeting  
Date sent to National  
Date letter sent to member  
Signature

Section 1 – Personal Details			
(If name listed in this section is inconsistent with the names on any supporting documentation (e.g Registration Certificate or Professional Indemnity Insurance Certificate, please provide evidence of name change)			
Title Please ✓ appropriate box	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other (please specify) .....		
Family Name / Surname			
Given Names			
Previous Names (If applicable)			
Date of Birth		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Town/City of Birth		Country of Birth	
Postal Address  <i>Note: All changes must be notified CAAQ within 21 days</i>			
		State	Postcode
Contact Telephone Numbers	Day	Mobile	After Hours
Fax number			
Email Address (essential for communiqués)			
If you are not a permanent resident, please give details of your application for permanent residence			

Section 2 – Category of Membership		
You <b>MUST</b> place a tick in the box next to the category of membership you are applying for.		
Student – Please tick year of study		<input type="checkbox"/> 1 <sup>st</sup> Year <input type="checkbox"/> 2 <sup>nd</sup> Year <input type="checkbox"/> 3 <sup>rd</sup> Year <input type="checkbox"/> 4 <sup>th</sup> Year <input type="checkbox"/> 5 <sup>th</sup> Year <input type="checkbox"/> Studying overseas
Are you transferring from another CAA branch? If yes, which branch?		<input type="checkbox"/> Yes    Branch..... <input type="checkbox"/> No

Section 3 – Qualification/s on which application is based		
Note: This is the chiropractic degree you are currently undertaking		
Title of Degree/Diploma/Certificate	University/College/Examining Body	Year & Month Commenced

<b>Section 4 – Fitness to Practice</b>	
In this section, the term “Criminal history” means - every conviction for an offence, in Queensland or elsewhere, and/or every charge made against the applicant for an offence in Queensland or elsewhere. (Please disregard parking and speeding fines etc).  Where any answer to questions 1 to 6 is ‘YES’ - you must attach a full explanation of the circumstances and detail any condition or current disciplinary or other orders to which you are subject. (Please attach in a sealed envelope).	
1. Do you suffer from any ongoing medical condition, mental or physical, (including substance abuse or dependence) of which you are aware, and that you know or ought reasonably to know, could adversely affect your ability to competently and safely practise?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you have a criminal history?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you ever been declared bankrupt?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you had or are you aware of any malpractice claims against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are you currently under investigation by any authority in any Australian State or Territory (including Queensland) or in any other country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have you ever been disciplined by a professional association of which you were a member?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Have you had or are you aware of any malpractice claims against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Do you practise or engage in any activity other than those pertinent or directly related to your professional qualifications and or registrations described above other than on an honorary basis? <b>If yes</b> , provide details in the box below	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Details for Q8 above.</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	

<b>Section 5 – Membership Proposer</b>	
Membership proposed by Dr.....	(PLEASE PRINT)
Signature.....	DATE.....

**Please ensure your applicant declaration on the following page is signed, dated and witnessed.**

**Section 6 – Applicant Declaration**

I agree to abide by the Code of Ethics of Chiropractors’ Association of Australia Ltd and to observe all rules and regulations within the Constitution, Memorandum and Articles and By-Laws and any amendments that are made thereto.

I agree to uphold the principles of the Association and to assist in all ways to accomplish its objectives. I agree to pay all dues and levies constitutionally assessed according to the requirement of my membership status.

I hereby declare that all information given in this application and in the accompanying documents is true and I understand that any misrepresentation on my part whether wilful or unintentional, may cause me to forfeit my membership of this Association.

“I acknowledge that membership of the Association authorizes me to use the Association Logo and any other copyrighted Logos that the Association has from time to time, in the manner specified from time to time by the Executive. I agree that this authorization, which is for an indefinite period, is on the express understanding that it is revocable at will by the Association, in the sole and absolute discretion of the Association. I acknowledge that this authorization shall automatically terminate upon my ceasing for any reason to be a member of the Association. Upon revocation of the authorization I agree to immediately take all necessary steps to cease and desist from using the ‘Chiropractor Device’ and will forthwith return my membership certificate to the Secretary of the Association”.

I understand that I may resign from the Branch by giving not less than one calendar month’s notice of intention to do so in writing, and shall continue to be a member until the expiration of the period of such notice and shall be liable for all subscriptions and levies (Branch and National) due to the date of the expiry of such notice.

Printed Name of Applicant	
Signature of Applicant	
Printed Name of Witness	
Signature of Witness	
Date Application made	