



MEMBERSHIP APPLICATION FORM

I am applying for:

- Category 1 – National Team Medical & Professional Staff
 Category 2 – Non-National Team Medical & Professional Staff

Name	:	
Title	:	
Qualifications	:	
Email	:	
Country of practice	:	
Organization (Category 1 Application)	:	

Medical Health Professional Group:

- | | | |
|---|--|--|
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Nurse | <input type="checkbox"/> Pilates/Yoga Instructor |
| <input type="checkbox"/> Certified Athletic Trainer | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Physician | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Dietician & Nutritionist | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Massage Therapist | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Education & Research | | |

Other National Team Professional Staff (Please specify): _____

Topic(s) you have an interest or expertise in:

- | | | |
|---|---|--|
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Event medical preparation and emergency planning | |
| <input type="checkbox"/> Injury prevention | <input type="checkbox"/> Female Health | <input type="checkbox"/> Policy writing |
| <input type="checkbox"/> Injury care & rehabilitation | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Research |
| <input type="checkbox"/> Education | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Other (please indicate) |

Details regarding gymnastics disciplines you have worked with:

Please include the following attachments with your application form:

- Letter of support from your gymnastics national team federation (Category 1 Application)
- Copy of credential/licence/degree
- Curriculum Vitae/Resume demonstrating experience working with the sport of gymnastics as a professional

I consent for my details to be published in the IAGMS Membership Directory

Signed:	Date:
----------------	--------------

Please submit this form and supporting documents to: membership@iagms.org