

Effective Date _____

Application for Membership

I HEREBY APPLY for membership in the Maine Chiropractic Association, Inc., for the purpose of serving the Chiropractic profession and for the benefits I may receive from such membership. If elected as a member, I agree to comply with the By-Laws of this Association.

Name _____ Date of Birth _____

Spouse's Name _____ Occupation _____

Children's Names, Ages _____

Home Address _____ Home Phone _____

Office Address _____ Office Phone _____

Mailing Address _____ Fax # _____

City _____ Zip _____

Number of years in practice _____ E-Mail: _____

Of which chiropractic college are you a graduate? _____ Year _____

Are you licensed in Maine? _____ Year Licensed _____ License # _____

Have you been a member of the M.C.A.? _____

Give name of any local, state, national chiropractic organization to which you belong _____

Do you use any degree(s) or affiliation(s) in the HEALING ARTS other than "D.C." after your name? _____

List Degrees _____

The above degree(s) were issued by what school? _____

Do you hold a degree from any undergraduate college? _____

If so give name of college _____

Do you agree, if elected, to keep the treasurer informed at all times of your address, giving street number, etc.? _____

Date: _____ (Signed) _____

SPONSOR:

This is to certify that I am a member in good standing of the Maine Chiropractic Association and do hereby recommend the above named Chiropractor for membership in the Maine Chiropractic Association.

Date: _____ (Signed) _____

Deadline for applications should be on or before March 1 prior to the spring convention and on or before September 1 prior to the fall convention.

Return with non-refundable \$25.00 application fee to:

PAYABLE TO: Maine Chiropractic Association

MCA co/
John Royce
100 Albee Rd.
Augusta, Maine 04330