



Student Membership Application

PLEASE PRINT CLEARLY

Name: _____ Date Of Birth: _____

School Address _____

City/State/Zip Code: _____

Phone Number: _____ Alternate Number/Cell/Fax: _____

Home Address: _____

City/State/Zip _____

E-Mail Address: _____

Chiropractic College: _____ Estimate Grad. Date: _____

Other Prof. Memberships: _____

Projected State of Practice: _____ Referred By: _____

Student Membership in the New York Chiropractic Council is free until graduation. After your graduation, we would like to keep in touch so please complete both addresses above. Please keep us in mind when graduating and send us any and all updated information when appropriate. We look forward to being able to supply you with information about your profession and your practice. If you have any questions please do not hesitate to contact us.

I hereby apply for membership in the New York Chiropractic Council, agreeing to abide by the Constitution and By Laws adopted by the Board and Officers of the Council under the provisions of the Constitution and By Laws hereafter legally adopted.

Signature _____ Date _____