



Student Membership Application

Protecting Chiropractors & the Chiropractic Profession in Illinois Since 1950.

Name: _____

Chiropractic College: _____ Graduation Date: _____

College Mailing Address: _____

Phone Number: _____ Fax: _____

Email Address: _____

Other Degrees Held and When Obtained: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Field Doctor: _____ City/State: _____

Scientific Instruments Used: _____

Techniques in Practice: _____

Where Do You Intend to Practice? _____

Areas of Special Interest (Sports/Pediatrics): _____

I hereby apply for membership in the Illinois Prairie State Chiropractic Association, Inc., and enclose a membership fee of \$30.00 for the entire time that I am enrolled in a chiropractic college. I understand that my application is subject to membership approval, and that I will be notified of its action.

I hereby pledge my support to help preserve and advance chiropractic in the State of Illinois and agree to abide by the Constitution, By-Laws, and Standards of the IPSCA.

Signature of Applicant: _____ Date: _____

A Subluxation Based Association

Payment by Credit Card

Credit Card Remittance For: _____ Payment Amount: \$ _____

____ MasterCard ____ Visa ____ Discover Card Security Code: _____

Account Number: _____ - _____ - _____ - _____ Expiration Date: _____

Credit Card Billing Address: _____

Authorized Signature: _____ Date: _____

____ Please charge my credit card automatically at the beginning of each fiscal quarter of the Illinois Prairie State Chiropractic Association for membership dues. Amount: \$ _____