



# The Palmetto State Chiropractic Association

7001 St. Andrews Rd. • #314 • Columbia, SC 29212

Phone 803-661-7141 • Fax 803-461-4614

## Application for Membership

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  M  F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Congressional District \_\_\_\_\_

Email Address \_\_\_\_\_

Chiropractic College Graduated From \_\_\_\_\_

Date of Graduation \_\_\_\_\_ Number of years in practice \_\_\_\_\_

Awards and honors \_\_\_\_\_

Please list memberships in other national, state or professional organizations \_\_\_\_\_

How did you find out about the Palmetto State Chiropractic Association? \_\_\_\_\_

What is your professional objective in practicing chiropractic? (Use reverse side if necessary.)

References (Please list two PSCA members in your area, if applicable.)

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_

City, Zip \_\_\_\_\_

### Membership (Check one of the following, and please enclose your first year dues)

Check here if you prefer to pay by **credit card** and our administrative assistant will contact you for a phone order upon receipt of your mailed or faxed application.

- Ruling member – D.C. (\$125.00) – Voting privileges
- First year in practice – D.C. (\$85.00) – Voting privileges
- Associate member – Non-D.C. (\$85.00) – Non-voting privileges
- Student member (\$30.00) – Non-voting privileges

*As a member of the Palmetto State Chiropractic Association, I will abide by the Constitution and Bylaws of the organization. I will also be dedicated in assisting straight chiropractic in any legal way that is practical and ethical; to promote, protect and advance the philosophy, science and art of correcting vertebral subluxations; and to facilitate the public's access to and knowledge of the service of straight chiropractic.*

Signature \_\_\_\_\_

Date \_\_\_\_\_