

2005 Membership Application

Please type or print legibly below

Full Name _____

Name of spouse or significant other _____

Office Name _____

Office Address _____ Apt./Suite _____

City _____ State _____ Zip _____

Home Address, City, State, Zip _____

Telephone (O) _____ (H) _____

(Fax) _____ *see Consent on page 2 of this form

Email _____ * Birthday _____

School Attended _____ Date of Graduation (month/year) ____/____

Are you currently licensed in CO to practice Chiropractic? YES NO Date of licensure: _____

Are you licensed in other states to practice chiropractic? YES NO

List states: _____

Techniques practiced: _____

Professional Memberships: _____

Referred by: _____

Please accept my application for membership in the Colorado Chiropractic Wellness Alliance:

RULING MEMBER

Licensed by and practicing in the state of Colorado. This member shall have full voting privileges and may be elected to any office or appointment to any committee.

- Ruling Member \$300 annual dues
- Founder's Membership \$500 annual dues
- Visionary Membership \$1,000 annual dues
- D.D. Palmer Membership \$2,500 annual dues

STUDENT MEMBER \$50 entire time in school

Open to any chiropractic student while actively enrolled in Chiropractic College. This member has no voting privileges.

PUBLIC MEMBER \$25 annual dues

Open to any member of the public wishing to support the mission and objectives of the Alliance. This member has no voting privileges and may not be elected to any office.

Yes, add my name to the Colorado Chiropractic Wellness Alliance roster.
I qualify as a _____ member. I understand that my membership will be automatically renewed for the next membership cycle unless other written instructions are received.

Consent to Receive Information via Fax/Email from CCWA

By signing the application below, I give my consent to CCWA to send information to me by way of fax or email. *If you do not wish to receive information by fax or email, you must check the box below.*

I do not give consent to the Colorado Chiropractic Wellness Alliance to send information to me by way of fax or email. *(Please note: Your fax number and/or email will not be recorded in our database and therefore CCWA will not be able to communicate with you through these methods.)*

Signature _____ Date _____

PAYMENT

Professional membership may be tax deductible as normal business expense; please check with your accountant.

My check for \$ _____ is enclosed made payable to "CCWA"

Please charge to my credit card: VISA MasterCard Discover American Express

Cardholder's name (print) _____

Card # _____ Exp. Date ____/____/____

I will pay the entire amount now

Bill me in regular monthly increments (for Ruling Members only)

I hereby apply for membership in the Colorado Chiropractic Wellness Alliance and agree to uphold the mission and bylaws of the Alliance. I also understand that failure to remit dues will result in loss of membership, and all rights and privileges thereof.

Signature _____

Date _____

I would be interested in serving on the following committee(s):

- | | | | |
|--------------------------------------|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Bylaws | <input type="checkbox"/> Ethics | <input type="checkbox"/> Public relations |
| <input type="checkbox"/> Legislative | <input type="checkbox"/> Auditing | <input type="checkbox"/> Resolutions | <input type="checkbox"/> Peer Review |

Please complete and return this application to:

Colorado Chiropractic Wellness Alliance

6000 East Evans Avenue #3-205

Denver, CO 80222

Phone 303-758-9611 Fax 303-758-9616

www.ccwonline.com