



## STUDENT MEMBERSHIP APPLICATION

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Chiropractic College: \_\_\_\_\_

Expected Year of Graduation: \_\_\_\_\_ Mobile Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_ Alt Email: \_\_\_\_\_

### MEMBERSHIP DUES

Dues for students are \$50. This is a one-time fee that covers your membership in the ICA Upper Cervical Council till you graduate. Upon graduation you may convert to full DC membership status by paying the DC rate without the application fee.

**TOTAL AMOUNT NOW DUE \$ 50**

### PAYMENT INFORMATION

I am paying by:  Check  Mastercard/Visa  American Ex  Discover

Credit Card Number \_\_\_\_\_ Exp date \_\_\_\_\_ Sec Code \_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Return application with payment to:

**ICA Council on Upper Cervical Care**  
**6400 Arlington Blvd, Suite 800**  
**Falls Church ♦ VA 22042**

or **FAX to 1-703-351-7893**

Phone: 1-571-765-7554 or 1-800-423-4690 (US & Canada)