



Upper Cervical Affiliate Application

Organization Name:
Address:
City:
State/Province:
Zip/Postal Code:
Country:
Contact/Representative:
Phone number:
Fax number:
Email Address:
Alt Email:

Additional Information

Technique/Procedure(s) :
Year of incorporation:
Number of Seminars Taught Per Year:
Number of active DC members:
Number of active student members:
Nonprofit Organization: Yes No

Attach to this application the following documents:

- Organizational articles of incorporation.
Certification/clinical requirements for procedural proficiency/certification.
Standards and Practices Documents.
501(c)(3) if applicable

MEMBERSHIP DUES

If you are joining on or before June 30 pay this amount \$ 300
If you are joining on or after July 1 pay this amount \$ 150
New member application fee \$25.00
TOTAL AMOUNT \$

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)