

Council on Fitness & Sports Health Science

MEMBERSHIP APPLICATION



**COUNCIL ON
FITNESS &
SPORTS HEALTH
SCIENCE**

ICA

International
Chiropractors Association

Name: _____ Date of Birth: _____

Office Addr: _____ City, Prov/State, Post. Code: _____

**(STUDENTS PLEASE PROVIDE YOUR ADDRESS WHILE AT COLLEGE)*

E-MAIL: _____

Office Phone: (_____) _____ FAX: (_____) _____

Home Addr.: _____ City, Prov/State, Post. Code: _____

**(STUDENTS PLEASE PROVIDE YOUR "PERMANENT ADDRESS" HERE)*

Home Phone: (_____) _____ E-MAIL: _____

Chiropractic College Attended: _____ Graduation Month/Year: _____

**(STUDENTS PLEASE PROVIDE YOUR COLLEGE & ANTICIPATED DATE OF GRADUATION)*

Other Degree(s) Held: _____

Where Obtained, Dates Awarded: _____

Chiropractic Licenses in the following States/Provinces: _____

Are You Engaged In Active Practice? _____

Sports Organizations/Teams/Fitness Centers you serve/affiliate with: _____

List Post Graduate Study/Certifications/Conferring Institutions: _____

(Please Attach Supporting Documentation if you wish such hours to be considered for recognition by the ICA Council on Fitness & Sports Health Science.)

Membership Information and Dues

Membership dues are for a period of one year and are payable annually. Dues are not deductible as a charitable contribution for income tax purposes, but may be deductible as a business expense.

- | | |
|--|-------------------------------|
| <input type="checkbox"/> Founding Council Membership | \$ 150 |
| <input type="checkbox"/> General Membership | \$ 110 |
| <input type="checkbox"/> Faculty Membership | \$ 55 |
| <input type="checkbox"/> Affiliate (Non-DC) Membership | \$ 80 |
| <input type="checkbox"/> *Student Membership | *FREE TO SICA MEMBERS! |

I hereby apply for membership in the International Chiropractors Association's Council on Fitness & Sports Health Science. It is mutually agreed that this application, when accepted, shall constitute a contract between the Council and its members. I also understand that failure to remit dues will result in loss of membership as well as all rights and privileges thereof.

- Check or Money Order Enclosed (in US Funds) [3010-107020]
 Please Charge My: Visa Master Card Amex Discover

Number: _____ Exp. Date: _____ Sec. Code: _____

Name As It Appears on The Card: _____

Signature of Applicant: _____ Date: _____

PLEASE RETURN APPLICATION TO:

International Chiropractors Association
COUNCIL ON FITNESS & SPORTS HEALTH SCIENCE
6400 Arlington Boulevard, Suite 800, Falls Church, Virginia 22042 USA
800/423-4690 (toll-free US & Canada) / 703/528-5000 FAX 703/528-5023
(outside N. America add country code 001)

JOIN ONLINE AT:

www.icasportsscience.org



INTERNET: www.icasportsscience.org

BLOG: icafitness.org

E-MAIL: sports@chiropractic.org

