



APPLICATION FOR MEMBERSHIP

COUNCIL HEADQUARTERS
6855 BROWNTOWN ROAD
FRONT ROYAL, VA 22630
540.635.8844 FAX: 540.635.3669
INFO@COUNCILONNUTRITION.COM

In making application for membership in the Council on Nutrition, I agree to abide by its Constitution and By-Laws, help advance its objective and increase its membership. I enclose application fee of \$25.00 and annual dues of \$125.00.

Student membership \$25.00 No application fee. Please Print:

Name		<input type="checkbox"/> M	<input type="checkbox"/> F	Birthdate	
Degrees		E-Mail			
Office Address					
City, ST, Zip					
Home Address					
City, ST, Zip					
Preferred Mailing Address		<input type="checkbox"/> Office	<input type="checkbox"/> Home		
Office Phone		Office Fax			
Home Phone		Home Fax			

EDUCATION

Pre-Chiropractic College or University	Years	Degree
Chiropractic College	Years	Date of Degree
Student? If Yes	Date of Graduation	ACA Member <input type="checkbox"/> Yes <input type="checkbox"/> No

Do you specialize in nutrition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you engaged in full-time chiropractic practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in a program that will inform the public on nutrition?	<input type="checkbox"/> Yes <input type="checkbox"/> No

You may fax this application to Council Headquarters (540.635.3669) with your credit card information or send a check to the address above.

Credit Card #		Expiration	
Name as it appears on card			

Signature _____ Date of application _____