

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 \$50. 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 _____