



## Application for Membership

Council Headquarters  
 6855 Browntown Road  
 Front Royal, VA 22630  
 540.635.8844 Fax: 540.635.3669  
 conacbn@shentel.net

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 \$110.00. Student membership \$25.00. No application fee. Please type or 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?	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	

Signature \_\_\_\_\_ Date of application \_\_\_\_\_