



**Canadian Chiropractic Association  
Association chiropratique canadienne**

**2010 CANADIAN CHIROPRACTIC ASSOCIATION  
ASSOCIATE MEMBERSHIP APPLICATION**

<b>Please print clearly:</b>	
<b>NAME:</b>	
<b>ADDRESS:</b>	
<b>CITY:</b>	<b>STATE:</b>
<b>ZIP CODE:</b>	<b>COUNTRY:</b>
<b>TELEPHONE:</b>	<b>FAX:</b>
<b>E-MAIL:</b>	

Are you licensed outside Canada?	Yes _____	No _____
If Yes, where?	License#	
What College did you graduate from?		
Month:	Year:	

As an Associate Member of the CCA you will receive a CCA Membership Directory in which all Associate Members are listed. In addition, you will receive The CCA Report and the Journal of the Canadian Chiropractic Association (JCCA) quarterly via airmail. Membership year is January 1<sup>st</sup> to December 31<sup>st</sup>.

Please forward your fee in the amount of \$175.00 (cheque or money order in Canadian funds, payable to the CCA) for Associate Membership in The Canadian Chiropractic Association.

**The Canadian Chiropractic Association**  
Suite 600 - 30 St. Patrick Street  
Toronto, ON M5T 3A3