

# New Hampshire Chiropractic Association, Inc.

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## Application for Membership

I hereby apply for membership in the NHCA. Application is subject to membership committee approval, and I will be notified of its action. *Please Print*

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Office Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Home Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Spouse \_\_\_\_\_ Children \_\_\_\_\_

Chiropractic College \_\_\_\_\_ Degree \_\_\_\_\_

Location \_\_\_\_\_ Year Graduated \_\_\_\_\_

Other Education \_\_\_\_\_ Degree \_\_\_\_\_

\_\_\_\_\_

List all states in which you are licensed:

\_\_\_\_\_

List other professional association memberships:

\_\_\_\_\_

Please check any committees you are interested in working on:

- |                                       |  |  |                                      |
|---------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Membership   | <input type="checkbox"/> Public Relations    | <input type="checkbox"/> Ethics                        | <input type="checkbox"/> Resolution  |
| <input type="checkbox"/> By-Laws      | <input type="checkbox"/> Legislative         | <input type="checkbox"/> Auditing                      | <input type="checkbox"/> Peer Review |
| <input type="checkbox"/> Radiological | <input type="checkbox"/> Insurance Relations | <input type="checkbox"/> Comprehensive Health Planning |                                      |

In applying for membership, I understand that failure to remit dues will result in loss of membership, and all rights and privileges as provided in the Bylaws.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Recommended by \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State & Zip \_\_\_\_\_

### Membership Classification

#### General Membership

*Affording all rights and privileges:*

_____ 1 <sup>st</sup> Year Member ~ \$240	_____ 4 <sup>th</sup> Year Member ~ \$480	_____ Associate Membership ~ \$240
_____ 2 <sup>nd</sup> Year Member ~ \$300	_____ 5 <sup>th</sup> + Year Member ~ \$600	
_____ 3 <sup>rd</sup> Year Member ~ \$360	_____ Student Membership ~ \$20	

**Mail application and check payable to New Hampshire Chiropractic Association, Inc. to:**

Dr. Kenneth M. Gabriel  
2 Manor Parkway, Suite One  
Salem, NH 03079