



CHRISTIAN CHIROPRACTORS ASSOCIATION

2550 Stover, B-102
Fort Collins, CO 80525-4642
1-800-999-1970 or (970) 482-1404
Fax: (970) 482-1538

APPLICATION FOR AUXILIARY MEMBERSHIP

I hereby apply for membership in the Christian Chiropractors Association and enclose the application fee. I understand that my application is subject to Board approval and that I will be notified of its action. I also understand the purpose of the Christian Chiropractors Association is not only to provide Christian fellowship within the profession but also to spread the Gospel of Jesus Christ to our fellow chiropractors and that its financial needs are met by voluntary contributions. I agree to participate as the Lord allows with my time and substance.

Please type or print legibly.

Date: _____

Name: _____

Male:

Female:

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax #: _____ E-Mail: _____

If married, spouse's name: _____

I am Joining the Auxiliary as (check one):

Spouse of a Member

Friend of a Member

Other

STATEMENT OF FAITH

The Christian Chiropractors Association is conservative in theology; believing the Bible to be inspired, the only infallible, authoritative Word of God; believing in the deity of our Lord Jesus Christ, eternal, coequal with the Father, in His virgin birth, in His vicarious and atoning death, in His bodily resurrection, His ascension to the right hand of the Father and in His personal return in power and glory, believing that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential and is effectual by grace through faith alone.

PERSONAL TESTIMONY

In light of the Scriptural admonition found in I Peter 3:15, please give a brief testimony of your conversion to Christ.

We request that your testimony answer: *(use separate sheet of paper if you prefer)*

a) *Who is Jesus Christ*

b) *What is your relationship to Him?*

CHURCH AFFILIATION

Your Church Affiliation: _____

Your Pastor: _____

Church Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

MEMBERSHIP DUES

Annual Membership Dues are to be enclosed with the application. Dues are collected annually and are payable on the anniversary date of application.

Auxiliary Member..... \$ 20.00

I am willing to serve by: PRAYER on the *crisis* prayer team - "UP-LINK"; Short-Term Missions; Finances

I agree completely with the Statement of Faith of the Christian Chiropractors Association and have submitted my personal testimony on this application:

Signature: _____