



# 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 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: \_\_\_\_\_ Degrees: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Residence Address: \_\_\_\_\_ If married, spouse's name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Male  Female

Graduate of \_\_\_\_\_ Chiropractic College Year: \_\_\_\_\_

Student at \_\_\_\_\_ Chiropractic College Month/Year of Graduation: \_\_\_\_\_

States in which licensed \_\_\_\_\_ Basic techniques used: \_\_\_\_\_

I learned of the Christian Chiropractors Association through: \_\_\_\_\_  
e.g., Current CCA member, publication (name), etc.

### 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.

Doctor of Chiropractic.....	\$ 25.00	First year in practice	} \$25.00 of your annual dues go directly to the support of Chiropractors on the mission field.
.....	\$ 95.00	Second & Third year in practice	
.....	\$125.00	Fourth year in practice	
.....	\$195.00	Fifth year in practice or longer	

Retired Doctor ..... \$ 45.00

Chiropractic Faculty Member .... \$ 45.00

Chiropractic Student..... No charge

Missionary, Pastor..... No charge

I am willing to serve by:  PRAYER on the crisis prayer team - "UP-LINK";  FINANCES

I would like to become involved in:  Short-Term Missions  Regional Chapter  Student Chapter

Please send me an application for:  Auxiliary membership for spouse, friend or business  
 Short-Term Missions Program

I am willing to give gratis care to missionaries home on furlough: Yes  No

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

Signature: \_\_\_\_\_

Do you know of other Christian D.C.'s that should be a part of the CCA?  
The CCA Home Office will credit \$10 to your future dues for each new member you refer.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_