



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 SUPPLIER 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:

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Residence Address: _____ If married, spouse's name: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

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.

Chiropractic Supplier or Representative..... \$ 50.00

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

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

Signature: _____

Along with the title, address and phone number of your company, please submit a single "by-line" that describes the product or service you provide. Your company will be listed in each CCA Journal (6 issues per year). We offer our "Suppliers" the opportunity to submit an 8-1/2" x 11" - "one page" advertisement giving additional information about their service or product for us to distribute to our new members and at the Annual Convention. If you decide to join the CCA, we request you send 50 copies of that page with your application.

"By-Line" _____