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

(apply on-line at christianchiropractors.org)

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 to 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: _____

Residence Address: _____ City: _____ State: _____ Zip Code: _____

Office Address: _____ City: _____ State: _____ Zip Code: _____

Office Phone: _____ Res./Cell Phone: _____

Fax # : _____ Email:_____ Website: _____

Male ☐ Female ☐ If married, spouse's name: _____

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.

CCA's 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 in Christ alone.

PERSONAL TESTIMONY

When did you come to believe and trust in the Lord Jesus Christ for eternal life? How did this happen? (use separate sheet of paper if you prefer.)

_____

_____

_____

_____

_____

I strongly believe...

Yes	No	
☐	☐	Absolute moral truths exist.
☐	☐	Those truths are defined by the Bible.
☐	☐	Jesus Christ lived a sinless life.
☐	☐	God is all-powerful, all-knowing Creator of the universe and still rules today.
☐	☐	Salvation is a gift from God and cannot be earned.
☐	☐	Satan is real.
☐	☐	A Christian has a responsibility to share their faith in Christ with other people.
☐	☐	The Bible is accurate in all its teachings.

CHURCH AFFILIATION

Your Church Affiliation or Church Name: _____

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
.....	$110.00	Second & Third year in practice
.....	$145.00	Fourth year in practice _____
.....	$240.00	Fifth year in practice or longer ___ }
Retired Doctor	$ 75.00	
Chiropractic Faculty Member	$ 50.00	
Chiropractic Student.....	No charge	
Missionary, Pastor.....	No charge	

$35.00 of your annual dues go directly to the support of Chiropractors on the mission field.

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 ☐ 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.

Signature: _____ Please sign your application by typing your full name including your middle initial.

When completed and "signed," please save this PDF to your system, attach and email to: cca@frii.com
Besure to go to the CCA Home Page and pay the appropriate amount for your dues by using the "Pay Dues" button.

☑ *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: _____

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Address: _____ City: _____ State: _____ Zip: _____

ALL DUES AND CONTRIBUTIONS ARE TAX DEDUCTIBLE