



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: _____

I am a: Sole Proprietor Employee Representative of this company.

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?*

CHRISTIAN BUSINESS TESTIMONY

Are the core values of your company Christ-centered? Yes No

If so, how is that reflected in the daily business practices of this company?

SUPPLIER MEMBERSHIP DUES OPTIONS

Annual Membership Dues are to be enclosed with the application. Dues are collected annually and are payable on the anniversary date of application. There are two levels of supplier membership.

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

Includes: Listing on the CCA website including a link to your business website. Listing in the alphabetical and geographical membership section of the annual CCA membership registry. Receive all CCA monthly publications and mailings.

Enhanced Chiropractic Supplier or Representative..... \$ 250.00

Includes: Listing on the CCA website including a link to your business website. Listing in the alphabetical and geographical membership section and the inclusion of a quarter page ad in the annual CCA membership registry. (2.25" x 3.5" in size) A printed display listing in the CCA Journal a bi-monthly publication mailed 6 times per year to each CCA member.

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.

"By-Line" _____

If you are joining with an enhanced membership, each June you may supply a 2.25" x 3.5" display ad for the Annual Membership Registry. You will be contacted each year for any changes you may request with your ad.

Please note: The Board of Directors of the Christian Chiropractors Association established a "non-access" policy restricting the use of the membership registry to those within the membership and expressly prohibits the use of the names, addresses, phone numbers and e-mail addresses for solicitation.

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: _____