

Lead Your Community to Better Health through Membership in the ICA Council on Fitness & Sports Health Science

A Unique Opportunity To:

- Intensify Clinical Knowledge
- Expand Your Practice
- Take a Leadership Role in Fitness & Sports Programs for your Community
- Enhance Personal & Professional Development

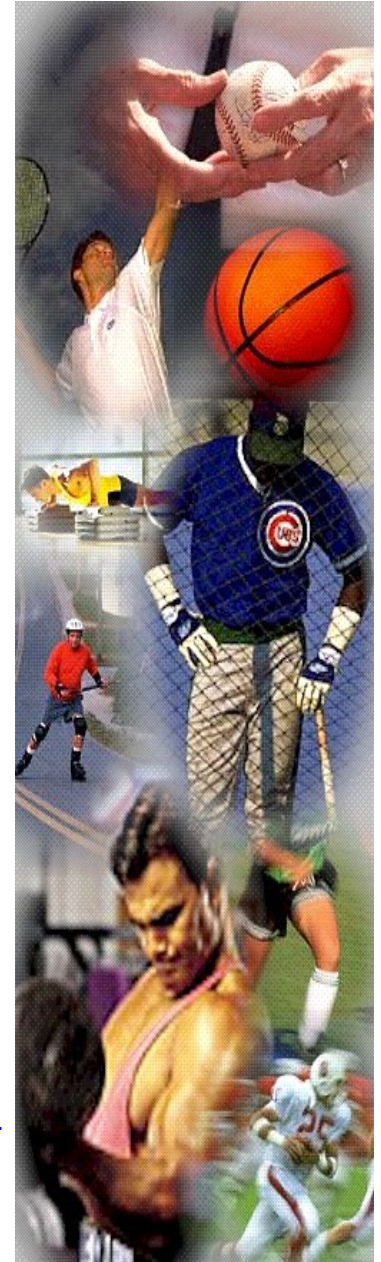
YOU BENEFIT...

So do your patients and the whole community!

As a member of the ICA Council on Fitness & Sports Health Science, you enjoy a unique opportunity to assume a special leadership role in your community's health and sports programs while, at the same time, expand your personal and professional horizons.

Council Membership Benefits Include:

- ICA Council Membership Certificate and Council Pin.
- A listing in the worldwide ICA Fitness Science Council Membership Referral Directory.
- Opportunities to participate in cutting edge research and demonstration projects in Sports and Fitness.
- Priority registration and special discounts for the renowned ICA *Symposium on Natural Fitness*, featuring leading figures in fitness and training, including global superstar **Arnold Schwarzenegger**.
- Unique educational opportunities, including discounted registrations.
- Discount opportunities on fitness and sports science publications, resources and apparel.
- Advice & support from the Council's leadership team, Director and staff.
- Access to the Council's informational and educational update services
- Assistance in organizing local community information programs in Fitness, Sports, Safety, and Chiropractic



***We invite you to become a leader in promoting fitness, health and chiropractic in your community.
Join the ICA Council on Fitness & Sports Health Science today!***

FOR MORE INFORMATION ON COUNCIL MEMBERSHIP BENEFITS & UPCOMING EDUCATIONAL PROGRAMS:

VISIT www.Chiropractic.org/Fitness

E-MAIL sports@chiropractic.org

CALL 800-423-4690 (toll-free, US & Canada) Or 703-528-5000 (Eastern Time Zone office hours)

SEND COMPLETED APPLICATION TO: ICA Council on Fitness & Sports Health Science
6400 Arlington Boulevard Suite 800, Falls Church, VA 22042 USA



Fitness Council Membership Application



**COUNCIL ON
FITNESS &
SPORTS HEALTH
SCIENCE**



International
Chiropractors Association

PLEASE PRINT

Name: _____ Date of Birth: _____

Office Addr: _____ City, Prov/State, Post. Code: _____

(STUDENTS PLEASE PROVIDE YOUR ADDRESS WHILE AT COLLEGE)

E-MAIL: _____

Office Phone: (____) _____ FAX: (____) _____

Home Addr.: _____ City, Prov/State, Post. Code: _____

(STUDENTS PLEASE PROVIDE YOUR "PERMANENT ADDRESS" HERE)

Home Phone: (____) _____ E-MAIL: _____

Chiropractic College Attended: _____ Graduation Month/Year: _____

(STUDENTS PLEASE PROVIDE YOUR COLLEGE & ANTICIPATED DATE OF GRADUATION)

Other Degree(s) Held: _____

Where Obtained, Dates Awarded: _____

Chiropractic Licenses in the following States/Provinces: _____

Are You Engaged In Active Practice? _____

Sports Organizations/Teams/Fitness Centers you serve/affiliate with: _____

List Post Graduate Study/Certifications/Conferring Institutions: _____

(Please Attach Supporting Documentation if you wish such hours to be considered for recognition by the ICA Council on Fitness & Sports Health Science.)

Membership Information and Dues

Membership dues are for a period of one year and are payable annually. Dues are not deductible as a charitable contribution for income tax purposes, but may be deductible as a business expense.

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|--------------------------|-------------------------------|----------------------|
| <input type="checkbox"/> | Founding Council Membership | \$ 150 |
| <input type="checkbox"/> | General Membership | \$ 110 |
| <input type="checkbox"/> | Faculty Membership | \$ 55 |
| <input type="checkbox"/> | Affiliate (Non-DC) Membership | \$ 80 |
| <input type="checkbox"/> | Student Membership | FREE TO SICA MEMBERS |

I hereby apply for membership in the International Chiropractors Association's Council on Fitness & Sports Health Science. It is mutually agreed that this application, when accepted, shall constitute a contract between the Council and its members. I also understand that failure to remit dues will result in loss of membership as well as all rights and privileges thereof.

- Check or Money Order Enclosed (in US Funds) [3010-107020]
 Please Charge My: Visa Master Card Amex Discover

Number: _____ Exp. Date: _____ Sec. Code: _____

Name As It Appears on The Card: _____

Signature of Applicant: _____ Date: _____

PLEASE RETURN APPLICATION TO:

**International Chiropractors Association
COUNCIL ON FITNESS & SPORTS HEALTH SCIENCE
6400 Arlington Boulevard, Suite 800, Falls Church, Virginia 22042 USA
800/423-4690 (toll-free US & Canada) / 703/528-5000 FAX 703/528-5023**

(outside N. America add country code 001)



International Chiropractors Association

