



Application for Membership

Please complete all questions. Please type or print clearly.

Contact Information (exactly as you want it to appear on all IACN materials)

Name _____ Degree(s) _____

Organization _____

Professional Address _____

City/State/Zip _____

Home Address _____

City/State/Zip _____

Preferred mailing address: Professional Home

Office Phone _____ Home Phone _____ Mobile _____

Fax _____ Email _____

Website _____

Date of Birth _____ Citizen of What Country or Province _____

Chiropractic Education

Have you completed Chiropractic College? Yes No

Name of Chiropractic College _____

Location of Chiropractic College _____

Year of graduation (must include copy of diploma) _____

Have you completed a neurology or electrodiagnosis diplomate program? Yes No

(Use an additional page for each neurology or electrodiagnosis diplomate earned).

Chiropractic College _____ designation _____

Program director or course coordinator _____

Date training began _____ Date training will be/was completed _____

Name and address of issuing board _____

Date of certification issuance (must include copy of certificate) _____

Are you listed as "current" with the International Board of Chiropractic Specialties? Yes No

Have you completed a diplomate program other than neurology? Yes No

If yes, what specialties? _____ Board designations? _____

Name of Chiropractic College (for each) _____

Name of program director or course coordinator (for each) _____

(Use an additional page for each additional diplomate earned).

In what country or countries are you licensed to practice Chiropractic? _____

I solemnly pledge myself to cooperate by all suitable means in extending and advancing the high moral, ethical, professional and scientific principles as specified by the mission statement of the International Academy of Chiropractic Neurology.

Signature _____ Date _____

Current Annual Dues (all amounts are in USD.) *Please check the appropriate category.*

Diplomat/Fellow Member – Board Certified in Electrodiagnosis and/or Neurology -- \$375.00
Diplomat/Fellow Member Fee includes a non-refundable application fee of \$50.00

Associate Member – Terminal Health Care Degree - \$150.00 per year (Includes Application Fees).

Student Member – For students in chiropractic college -- \$45.00 per year

Send application, attachments and check for dues/application fee to:

IACN

1440 Hannah Lane

Waukee, IA USA 50263

www.IACN.org

(515) 957-6056

Your \$375 Diplomat Membership fee includes all application fees, membership certificate, and a deluxe website listing.