The Northeast Ohio Academy of Chiropractic

APPLICATION FOR MEMBERSHIP

Date: _____

Name: _____
Last First MI

Office Address: _____ Office Phone: ( )_____
_____ Office Fax: ( )_____
Home Address: _____ Email Address: _____
_____ Home Phone: ( )_____

Date of Birth: _____/ _____/_____ Marital Status (circle): S M D W

Application for: ( ) General Membership (includes $100.00 **business/personal check** made out to the NOAC AND $150.00 **personal check only** made out to the NOAC-PAC)……...$250.00 per year
( ) New Graduate Membership (1st year in practice)……..$100.00 per year
( ) Honorary Membership (Age 70 and above)……..No annual fee

Non-Professional College Education and Degrees:
College:_____Degree/Year:_____/_____
College:_____Degree/Year:_____/_____

Chiropractic College:_____Degree/Year:_____/_____
Post-Chiropractic College:_____ _____Degree/Year:_____/_____

Ohio Chiropractic License Number: _____ Date of Expiration: ____/____/____
Other State License(s):
State: _____ License #: _____ Date of Expiration: ____/____/____
State: _____ License #: _____ Date of Expiration: ____/____/____

Member of: ( ) ACA ( ) ICA ( ) OSCA
Member of Other Professional Organizations: _____
_____

References: Signatures of (2) NOAC Members: _____
_____

I hereby agree to abide by the constitution and by-laws of the Northeast Ohio academy of Chiropractic (NOAC) and to adhere to the code of ethics and scope of practice as set forth by the Ohio State Chiropractic Board of Examiners and the statutes of the State of Ohio pertaining to the practice of chiropractic.

Signature: _____ Date: _____

*****Please send your application and checks ($100 business/personal check made out to the NOAC, $150 personal check only made out to NOAC-PAC) to:**

Jim Loncar, D.C.
9841 Johnnycake Rd.
Mentor, Ohio 44060