

Association For Network Care

444 North Main Street

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(Website) www.associationfornetworkcare.com

(Email) info@associationfornetworkcare.com

MEMBERSHIP APPLICATION

Name _____

Name of Spouse or Significant Other _____

Office Name _____

Office Address _____ Apt./Suite _____

City _____ State _____ Zip _____

Home Address, City, State, Zip _____

Telephone(O) _____ (H) _____ Fax _____

E-Mail _____ Website _____ Birthdate _____

School Attended _____ Date of Graduation (mo/yr) _____

Last Highest Level Seminar Attended and Date Attended _____

**Please accept my application for annual membership in the
*Association for Network Care.***

Membership Options

Practicing Member - A chiropractor who has attended the full module series and practices Network Spinal Analysis consistent and conforms to the A.N.C. mission, by laws, cannon of ethics and practice parameters.

- Visionary Practicing Member..... \$ 1000
- Sustaining Practicing Member..... \$ 500
- Practicing Member (Doctor of Chiropractic)..... \$ 295
- Practicing Member D.C. 1st yr in practice, full time faculty, or spouse chiropractor of a Practicing or Associate Member..... \$ 150

Associate Member - A chiropractor who may in part use Network Spinal Analysis or Network protocol and conforms to the A.N.C. mission, by laws and cannon of ethics.

- Visionary Associate Member..... \$ 1000
- Sustaining Associate Member..... \$ 500
- Associate Member (Doctor of Chiropractic)..... \$ 295
- Associate Member D.C. 1st yr in practice, full time faculty or spouse chiropractor of a Practicing or Associate Member..... \$ 150

Allied Professional Member - An individual holding a doctorate degree, including, but not limited to D.C., M.D., D.O., D.D.S., D.V.M., Ph.D., etc. who embraces and wishes to support the mission of the association and the right of practitioners to practice and the public to receive Network Spinal Analysis.

- Visionary Allied Professional Member.....\$ 1000
- Sustaining Allied Professional Member.....\$ 500
- Allied Professional Member.....\$ 295
- Allied Professional Member 1st year in practice, full time faculty or spouse of Allied Professional, Practicing or Associate member.....\$ 150

Allied Healing Artist - Including, but not limited to therapists, massage therapists, breath workers, body workers, etc., who embrace and wish to support the mission of the association and Network Spinal Analysis.

- Visionary Allied Healing Artist.....\$ 500
- Sustaining Allied Healing Artist.....\$ 250
- Allied Healing Artist.....\$ 150
- Allied Healing Artist spouse of a Practicing, Associate, or Allied Professional Member,\$ 75

Supporting Member - Spouses, chiropractic assistants, office assistants, practice members, who embrace and wish to support the mission of the association and Network Spinal Analysis.

- Visionary Supporting Member.....\$ 250
- Sustaining Supporting Member.....\$ 125
- Supporting Member.....\$ 36

Student Member - Chiropractic students and prechiropractic students, who embrace and wish to support the mission of the association and Network Spinal Analysis. Student membership is valid until graduation.

- Visionary Student Member.....\$ 125
- Sustaining Student Member.....\$ 75
- Student Member.....\$ 36

Yes, add my name to the *Association for Network Care* roster. I qualify as a _____ member.

(Type of membership)

I understand that my membership will be automatically

renewed for the next membership cycle unless other written instructions are received.

- My check is enclosed for \$ _____
- Please charge \$ _____ to my Mastercard Visa

_____/_____/_____/_____ exp.____/____

Signature

Date

Please complete the application, fill in the information on the reverse side, and return it to the above address with a check payable to the *Association for Network Care* or fax form with credit card information to 303-678-8089.