



New Sports Council Member | Returning Sports Council Member

# WSCA Sports Council

Please complete all sections below and mail to:  
Washington State Chiropractic Association  
21400 International Blvd, Suite #207 SeaTac, WA  
Or fax to WSCA at (206) 878-8699

Name \_\_\_\_\_

Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip+4 \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Practice description to be provided with patient referrals (25 words or less) \_\_\_\_\_

How many years have you been in practice? \_\_\_\_\_ Have you ever been in practice elsewhere? \_\_\_\_\_

If yes – Where? \_\_\_\_\_ # of years \_\_\_\_\_

Chiropractic College Attended \_\_\_\_\_ Graduation Date \_\_\_\_\_

Three most commonly used techniques: \_\_\_\_\_

Currently certified as CCSP or DACBSP. Date certified \_\_\_\_\_ Certificate # \_\_\_\_\_

Not Certified but scheduled to take examination on this date \_\_\_\_\_

Additional Certification(s) (e.g., CSCS DABCO, FASBE, DACS) \_\_\_\_\_

What sporting events have you worked and what capacity? \_\_\_\_\_

What sports do you prefer and would be interested in? \_\_\_\_\_

How often would you like to work sports events? Weekly, Monthly, Yearly or for sports season

Give Details \_\_\_\_\_

What geographic areas are you interested in working on sporting events at? \_\_\_\_\_

\_\_\_\_\_ Are you willing to travel? \_\_\_\_\_

Do you have any EMT experience? Yes or No CPR, Issued Date \_\_\_\_\_ (Not required)

Name of sponsoring WSCA Active Member \_\_\_\_\_

The above facts are true and complete to the best of my knowledge. I warrant that I have never been convicted of a felony and that I am in good standing with state licensing authorities. I agree that if accepted for membership, I will abide by the Sports Council rules and regulations.

**FOR OFFICIAL USE ONLY**

Received Date \_\_\_\_\_ Sports Council Approval Date \_\_\_\_\_

Setup Billing Process \_\_\_\_\_ Paid Date \_\_\_\_\_ Sports Council Member Date \_\_\_\_\_

Meetings every quarter. Possible conference calls monthly. Notes/Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Online at: [www.chirohealth.org](http://www.chirohealth.org)  
or email: [wsc@chirohealth.org](mailto:wsc@chirohealth.org)