



COCSA Application for Membership

The mission of the Congress is to provide for the advancement of the Chiropractic profession through service to member state associations.

Please provide the following information to be considered for membership with the Congress:

Name of Organization: _____

Name & Title of Executive Director or Primary Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Web Site: _____

of Years Incorporated or Chartered: _____ In What State?: _____

of Members in Organization: _____ (A member is defined as a chiropractor who pays annual dues, maintains full voting privileges and is a resident of the state represented by the petitioning state organization)

Organization Purpose:

TYPE OF MEMBERSHIP: (Please check appropriate box)

Regular Membership, annual dues \$500

Official state chiropractic organizations which have been chartered or incorporated for at least 2 years, hold scheduled elections for officers @ least every three years, and maintain membership of @ least 100 state licensed chiropractors or 20% of the state's licensed chiropractors, whichever is less.

Associate Membership, annual dues \$400

State, county or regional chiropractic organizations that do not meet regular membership criteria.

Please submit your completed Application for Membership to admin@cocsa.org along with:

- (1) Copy of your Articles of Incorporation.**
- (2) Copy of your Bylaws.**
- (3) List of organization's members (to be used for reference only by COCSA staff).**
- (4) List of your organization's board members with addresses, phone numbers, fax numbers, and e-mail addresses,**
- (5) Check for the appropriate dues amount to COCSA, 699 June Drive, Molalla, OR 97038**

By signing this application, I hereby state that the organization I represent shall abide by the rules and regulations of the Congress of Chiropractic State Associations.

Signature

Print Name + Title

Date