



## ChiroCongress 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](mailto: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