

# Sports Council Membership Application

Please print. Applicant must complete all sections on front and back.



## Applicant Information

Name \_\_\_\_\_ Date \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

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

## Practice Information

Practice description to be included with patient referrals (25 words or less):

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How many years have you been in practice? \_\_\_\_\_

Have you practiced in other states?  Yes  No If so, where? \_\_\_\_\_

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

## Education and Certification

Chiropractic college \_\_\_\_\_ Graduation date \_\_\_\_\_

Are you currently certified as a:  CCSP Date certified \_\_\_\_\_ Certification # \_\_\_\_\_

DACBSP Date certified \_\_\_\_\_ Certification # \_\_\_\_\_

If you are not certified, when are projected to take the examination? \_\_\_\_\_

Additional post-graduate certification (CSCS, ART, GT, DACBO, etc.) \_\_\_\_\_

## Sports Council Interest

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

\_\_\_\_\_

What sports do you prefer to participate in? \_\_\_\_\_

How often would you like to work sporting events (e.g., weekly, monthly, or for sports season)? Give details of your interest.

\_\_\_\_\_

Are you willing to travel?  Yes  No What geographical areas are you interested in working on sporting events?

\_\_\_\_\_

Do you have EMT experience?  Yes  No CPR certification issue date \_\_\_\_\_

## Signature

*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.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Mail or fax to:

Minnesota Chiropractic Association  
1000 Westgate Drive, Suite #252  
St. Paul, MN 55114

Fax: (651) 290-2266

### FOR OFFICIAL USE ONLY

Received Date \_\_\_\_\_ Approval Date \_\_\_\_\_

Paid Date \_\_\_\_\_ Member Date \_\_\_\_\_

Auto Billing Set-Up \_\_\_\_\_

Special Instructions \_\_\_\_\_

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