

## PEDIATRIC CERTIFICATE MEMBERSHIP APPLICATION FORM



Today's Date				
First Name	Middle Name		Last Name	
Street Address				Suite or Apartment No.
City			State	Postal/Zip Code
Home Phone		Cell Phone		
Email Address				
List which of our classes you have	taken:			
What are your expectations or what do you want to get out of this memberhip?				

Share w	ith us anything you feel would be beneficial to us to kr	ow why you want to participate in this membeship.		
	interested in participating in the "Train the Trainer" pro e Trainer" is a premier program for chiropractors wish	ogram? If so, let us know why? ing to learn to teach our specific technique protocols.		
Ackowledgement and Authorization				
I certify that all answers given herein are true and complete to the best of my knowledge				
	Signature of Applicant	Date		