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 | |
| City | | | | State | | |
| Home Phone | | | Cell Phone | | | |
| Email Address | | | | | | |
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| List which of our classes you have ta | aken: | | | | | |
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| Place a number next to your reason for applying for membership. 1 being the most important 10 being the least: | | | | | | |
| Accessibility to 100's of fully indexed videos breaking down our comprehensive Pediatric Exam and Adjusting Techniques. | | | | | | |
| Demonstrations of real-life hands-on adjusting protocols by Dr Rosen. | | | | | | |
| You will be the first to have availability to our new products, courses, social media and educational material | | | | | | |
| Special Rates to our online, in-person seminars and products. | | | | | | |
| Live interaction Zoom calls connect with Drs Rosen and Watson | | | | | | |
| Exclusive Kajabi group to mastermind your most challenging cases | | | | | | |
| Historic videos of the chiropractic pioneers/mentors. | | | | | | |
| Live Q&A's with our social med | ia expe | ert/influencer: Emily J | oy Rosen | | | |
| Exclusive social media material congruent with our educational programs. | | | | | | |
| Train the Trainer | | | | | | |

| Share with us anything you feel would be beneficial to us for accepting you into this program. | | | | | |
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| Please list any special qualities you possess that you feel would be an asset to the program. | | | | | |
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| What are your expectations or what do you want to get out of this memberhip? | | | | | |
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Ackowledgement and Authorization

I certify that all answers given herein are true and complete to the best of my knowledge

Signature of Applicant

Date