



*Chiropractic
Assistants of
Tennessee*

Invitation to Membership

Membership Investment : \$50.00 Annually

*Membership investments paid annually.
Application must be accompanied by membership fee.*

Please Print or Type:

Name: _____ **Date of Birth:** _____

Name of Clinic: _____ **Date of Hire:** _____

Name of Employer: _____

Office Address: _____

City, State, Zip: _____

Office Phone: _____ **Office Fax:** _____

Office E-mail: _____ **Home E-Mail:** _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ **Social Security#:** _____

List State Licenses/Certifications:

CTA Lic# _____ CXT Lic# _____ LMT Lic# _____

List Office Duties: Front Desk Insurance Back Office

Payment Options:

My check is enclosed MC or Visa

Card#: _____ **Exp. Date:** _____

Name on Card: _____ **Signature:** _____

I hereby apply for membership in the Chiropractic Assistants of Tennessee, agreeing to abide by the By-Laws, rules, regulations and code of ethics and any amendments hereafter adopted by the association.

Applicant's Signature: _____ **Date:** _____