



STUDENT MEMBERSHIP APPLICATION

What chiropractic school do you attend? _____

Graduation date: _____

What Upper Cervical technique do you study? _____

Are you certified in this technique? _____ By who? _____ When? _____

Expected date of certification: _____

What other UC techniques are you interested in learning? _____

Is there an Upper Cervical Club on your campus? Yes No If yes, club name: _____

What are the UC technique clubs on campus? _____

Are you currently a member of any clubs on campus? Yes No If yes, which clubs: _____

How did you hear about Upper Cervical Health Centers? _____

Are you planning to open your own Upper Cervical practice after graduation? Yes No If yes, what city: _____

Are you interested in the opportunity to have UCHC assist you in opening a UCHC trial franchise after graduation? Yes No

What is your level of interest in a UCHC student membership:

Club officer Participate in all club meetings Participate in occasional club meetings

Attend all UCHC marketing seminars (4 per year) Attend some UCHC marketing seminars (4 per year)

Attend the Annual Upper Cervical Evolution Conference

Name: _____ Male Female

Permanent address: _____

City, state, zip: _____ Country: _____

Email address: _____

Home telephone: _____ Cell phone: _____ Fax number: _____

Social security number: _____

Date of birth: _____

Method of Payment

Attached is a check made payable to Upper Cervical Health Centers for \$600.00

Charge \$600.00 to the following credit card (check a box) MasterCard Visa

Credit Card Number

Expiration Date

Three digit security code

Cardholder's Name

Cardholder's Signature

Please fax completed application to (704) 394-5009.