The Applied Chiropractic Sciences Council is an international specialty council committed to enhancing clinical excellence, cultivating educational growth, and expanding communication, information and networking resources to better serve and enrich the capability of the doctor of chiropractic and the capacity of the profession to provide optimal care to patients of all ages, everywhere in the world.

A Community of Education and Advocacy for Chiropractors and Chiropractic:

The Council promotes advancement of clinical knowledge and case management through programs, resources, research and protocols, and credentialing systems. We serve as credentialing body for the Chiropractic Certification in Spinal Trauma (CCST), the Diplomate in Applied Chiropractic Sciences (DACS), and the Council Consortium for Imaging and Thermography credentials, and also present and sponsor programs in clinical science and technique.

- **Referral Service** with regional, alphabetical and Council credential-linked listings in the International ICA Science Council Specialty Referral Directory highlighting contact and referral information for Applied Sciences Council Members, and with special entries for Council doctors holding current CCST and DACS credentials
- **Discounted registration fees** for Council programs, seminars, conferences and partnering-sponsor events
- **Special discounts** on ICA products and publications, plus discounts on products & services with CACS
- **Networking opportunities** with like-oriented colleagues
- **Periodic publications** and special informative news notices that keep you current and informed
- **Ongoing education and support** to develop a leadership role in your community and promote awareness about chiropractic care
- **Assistance with reference/resource** information related to chiropractic efficacy, safety, & relevance for your practice

**AND MORE! Join us for proactive programs, projects and benefits!**

Web: www.icaappliedsciences.org / E-mail: science@chiropractic.org
Call: (800) 423-4690 (US & Canada) or +01 (703) 528-5000
CONTACT INFORMATION:

Full Name: ___________________________ Date of Birth: ___________________________

Office Address: ___________________________ Country ___________________________
*Students provide current Postal Address
City: ___________________________ St/Prov: ___________________________ Postal Code: ___________________________

Phone #: ___________________________ Fax #: ___________________________ E-Mail: ___________________________

Chiropractic College: ___________________________ Date of Graduation:* ___________________________
*Students provide anticipated date of graduation

OTHER CREDENTIALS:

Abbrev. & Full Name of Certification: ___________________________

Where Obtained/Date: ___________________________

National, Local and Special-Focus Chiropractic Organization (s) to Which You Belong:

________________________________________________________

CHIROPRACTIC LICENSE:

License # ___________________________ State/Province: ___________________________
License # ___________________________ State/Province: ___________________________

Engaged in Active Practice?  ☐ Yes  ☐ No

Yes, I want to be an Applied Chiropractic Sciences Council Member!

COUNCIL ON APPLIED CHIROPRACTIC SCIENCES
Annual Dues: Field Doctor $75 / Student $25

I hereby apply for membership in the Council on Applied Chiropractic Sciences of the International Chiropractors Association. It is mutually agreed that this application, when accepted, shall constitute the contract between the Council and its members. I understand that failure to remit dues will result in loss of membership, and all rights and privileges thereof.

Signature: ___________________________ Date: ___________________________

Here is my dues payment:  ☐ $75 Field Doctor  ☐ $25 Student  ☐ Payment by Check Enclosed (IN US FUNDS)

Please charge my:  ☐ Visa  ☐ MasterCard  ☐ American Express  ☐ Discover [3010-107050]

Account #: ___________________________ Expir. Date: __________ Sec. Code: __________

☐ PLEASE AUTOMATICALLY RENEW MY COUNCIL MEMBERSHIP ON MY ANNUAL RENEWAL DATE

Return Application with Check (Made payable to ICA Applied Sciences Council) or Credit Card Information

ICA Council on Applied Chiropractic Sciences  Or Fax to: (703) 528-5023
6400 Arlington Boulevard, Suite 800  Phone: (800) 423-4690 (US & Canada)
Falls Church, VA 22042 USA  +01(703) 528-5000

Dues are for a period of one year and are payable annually. Dues may be deductible as a business expense but not as charitable contributions for income tax purposes.

Visit the Council’s Website www.icaappliedsciences.org for Online Registration!