



# The Palmetto State Chiropractic Association

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## Application for Membership

Name				Birthdate	
Address				<input type="checkbox"/> M	<input type="checkbox"/> F
City		State		Zip:	
Phone		Fax		Cong Dist:	
Email					
<hr/>					
Chiropractic College				Date of Graduation	
Awards & Honors				Years in Practice	
<hr/>					
Memberships in other national, state or professional organizations:					
<hr/>					
What is your professional objective in practice?					
<hr/>					
<hr/>					
References (Please list 2 PSCA members in your area, if applicable):					
Name		Name			
Address		Address			
City, St, Zip		City, St, Zip			
Phone		Phone			
Email		Email			
<hr/>					
<b>Membership Choices</b>					
<input type="checkbox"/>	Ruling Member	DC	\$150.00	Voting Privileges	
<input type="checkbox"/>	First Year DC	DC	\$ 85.00	Voting Privileges	
<input type="checkbox"/>	Associate	Non DC	\$ 85.00	No voting privileges	
<input type="checkbox"/>	Student		\$ 30.00	No voting privileges	

As a member of the PSCA, I will abide by the Constitution and Bylaws of the organization. I will be dedicated in promoting, protecting, and advancing the philosophy, science, and art of detecting and correcting vertebral subluxations in any legal way that is practical and ethical. I will also facilitate the public's access to and knowledge of the service of chiropractic that is focused on the detection and correction of vertebral subluxation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date