



*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: _____
(Employer must be a member of the TCA)

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# _____

Payment Options: ☐ My check is enclosed ☐ MC or Visa (only)

☐ Please apply to my Employer's TCA Gold Membership Benefit **Doctor's Name:** _____

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

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

Billing Address: _____ **Zip:** _____

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:** _____