



APPLICATION FOR CELL-F CENTER FUND

Name _____

Office Address _____

City, State, Zip _____

Telephone _____ Fax _____

Home Address _____

City, State, Zip _____

Telephone _____ License Number _____

Chiropractic College _____

Graduation Date _____

Recommended by _____

I hereby apply for membership in the New York Chiropractic Council, agreeing to abide by the Constitution and By Laws adopted by the Board and Officers of the Council under the provisions of the Constitution and By Laws hereafter legally adopted.

A brief synopsis of the Topic of My Essay:
