

**UNITED STATES  
SPORTS CHIROPRACTIC FEDERATION  
APPLICATION FORM**

*Please Print*

Name \_\_\_\_\_ Date \_\_\_\_\_  
                    *Last*                    *First*                    *Middle Initial*

Office Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Office Telephone \_\_\_\_\_ Office Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

Other Telephone Numbers \_\_\_\_\_

Degree(s) Held \_\_\_\_\_

I currently belong to the following organization(s): *Check all that apply.*

- |   |                               |
|---|-------------------------------|
| <input type="checkbox"/> ACA Sports Council | <input type="checkbox"/> CEPA |
| <input type="checkbox"/> ICA Sports Council | <input type="checkbox"/> FICS |
| <input type="checkbox"/> ProSport           | <input type="checkbox"/> ACSM |

Other \_\_\_\_\_

Specialty Certifications \_\_\_\_\_

Current Malpractice Carrier and Exp. Date \_\_\_\_\_

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*The dues are \$75.00 per year. Should you have any questions, please call Monty Wilburn, Treasurer, USSCF at 970-224-2282. Mail your payment of \$75.00 (check made out to USSCF) to:*

*USSCF  
c/o The Foundation for Chiropractic Education and Research (FCER)  
P.O. Box 400,  
Norwalk, IA 50211-0400*