

Japanese Association of Chiropractors (JAC)

Membership Application Form

JAC National Office

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105 0003 JAPAN

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Information

1. Membership Types:

- (1) Full Member: Those having acquired a degree in connection with chiropractic after having graduated from an accredited chiropractic college/university or those who have undergone a chiropractic conversion program approved by the JAC. Also, those who have newly achieved the requirements for full members in accordance with the amendments of the bylaws.
- (2) Student Member: Those undertaking a course at an accredited chiropractic college/university.
- (3) Special Member: Chiropractors residing overseas or experts whose presence the Board of Directors deems necessary.
- (4) Supporting Member: Organizations or individuals agreeing to the purpose of the Association.

2. Membership Fees:

Members shall pay an enrolment fee and yearly membership fee in the manner provided for in the bylaws. Enrolment fees (30,000 Yen) and membership fees (annual full member-35,000 yen/ annual special member-20,000 yen) shall not be refunded for any reason after payment has been made.

3. Documents to be provided with your application form:

- a) a copy of your chiropractic degree(s)
- b) photos of your office (outside, entrance and a adjustment room)
- c) a clinic brochure and a business card
- d) a copy of your registration certificate by Japan Chiropractic Register (JCR)

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No. _____ (Office Use Only)

Name			ID Photo (taken within three months)
Date of Birth	(Day/Month/ Year)		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Home Address			
	Phone Number	Email address	
Office Name			
Office Address			
	Phone Number	Email address	
Delivery Address	<input type="checkbox"/> Home address <input type="checkbox"/> Office Address		
Other Health Care License	<input type="checkbox"/> Medical Doctor <input type="checkbox"/> Osteopath <input type="checkbox"/> Dentist <input type="checkbox"/> Judo Bone-setter <input type="checkbox"/> Acupuncturist <input type="checkbox"/> Masseur <input type="checkbox"/> Nurse <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Others ()		
JCR Reg. No.	Japan Chiropractic Register No:		
Education			
Year of graduation	College/University		
Indemnity and liability insurance	Name of insurance company :		
Type of Practice	<input type="checkbox"/> Chiropractic practice only <input type="checkbox"/> Mixture with other health care practice (1. Judo Bone-setting, 2. Acupuncture 3. Massage/Shiatsu 4. Western Medicine 5. Others[])		
Using Techniques	<input type="checkbox"/> Diversified <input type="checkbox"/> Gonstead <input type="checkbox"/> AK <input type="checkbox"/> Logan <input type="checkbox"/> HIO <input type="checkbox"/> Thompson <input type="checkbox"/> Cox <input type="checkbox"/> SOT <input type="checkbox"/> Activator <input type="checkbox"/> AO <input type="checkbox"/> その他 Others ()		

I hereby certify that the above information is correct to the best of my knowledge.

Date (Date/Month/Year) _____

Signature of Applicant _____