Japanese Association of Chiropractors (JAC) Membership Application

Japanese Association of Chiropractors National Office

Address: #503, 3-24-5, Nishi-Shimbashi, Minato-ku, Tokyo

105 0003 JAPAN

Tel: 03-3578-9390

E-mail: info@jac-chiro.org

Information

Please submit your application documents to the Japanese Association of Chiropractors National Office by email or by post.

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) a copy of your chiropractic license(s) if you hold a license from a state, province or country in which the practice of chiropractic is covered by legislation.
- b) a copy of your registration certificate by Japan Chiropractic Register (JCR) is required if you do not hold a license from overseas.

Japanese Association of Chiropractors (JAC)

Membership Application Form

	No. (Office Use C		Only)	
Name				
			ID Photo	
Date of Birth	(Day/Mo	onth/Year)	(taken within	
Sex	□Male	□Female □Others	three months)	
Home				
${f Address}$	Phone Nur	nber Email address		
Office Name				
Office				
Address				
	Phone Nur	nber Email address		
Delivery	□Home address □Office Address			
Address	Trome address			
Other Health	□Medical Doctor □Dentist □Nurse □Masseur □Acupuncturist Judo Bone-setter			
Care License	\Box Physical Therapist \Box Occupational Therapist \Box Others (
JCR Reg. No.	Japan Chiropractic Register No:			
Education				
Year of graduation		College/University		
Indemnity and liability		Name of insurance company:		
insurance				
Type of Practice		☐ Chiropractic practice only		
		\square Mixture with other health care practice (1. Western Medicine 2. Dentistry 3.		
		Massage/Shiatsu 4. Acupuncture 5. Judo Bone-setting 6. Others[])	
Using Techniques		$\hfill\Box$ Diversified $\hfill\Box$ Gonstead $\hfill\Box$ AK $\hfill\Box$ Logan $\hfill\Box$ HIO $\hfill\Box$ Thompson $\hfill\Box$ C	OX	
		\square SOT \square Activator \square AO \square Nimmo \square Others ()	

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

Date (Date/Month/Year)
Signature of Applicant