

New Jersey Chiropractic Council on Neurology
Application for Membership

Name: _____

Address: _____

Business Phone: _____ Fax: _____

Cell Phone: _____ Email: _____

Home Phone: _____

Neurology Program/College Sponsor: _____

Neurology Program/Graduate Date: _____

Board Certification/Date: _____

Neurology Hours: _____ *(Please provide documentation).*

Areas of Interest: _____

Committee Membership (choose one or more)

Membership _____

Education _____

Peer-Review _____

Literature Review _____

Legislative _____

Other _____

"I will uphold the bylaws and ethical standards of the NJ Council on Neurology and the ACA Council on Neurology"

Signature _____

Date _____

- ✓ Please attach current membership documentation for NJCS, ACA & ACA Council on Neurology.
- ✓ Please remit to Dr. Kevin Parks, 1540 State Hwy No 138 Wall Township, NJ 07719.
- ✓ Remember to include a check for \$75 annual dues.