



NSCS Membership Application

Name: _____

Practice/Business Name: _____

Business Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

___ Physician Membership \$125

___ Additional Funds to contribute to Chiro PAC

Mail completed form and check to:

NSCS

Attn: Cindy Petika, Executive Director
3152 Little Rd., #119, Trinity, Florida 34655
www.NorthSuncoastChiropracticSociety.com

Subjects or suggested speakers for monthly meetings: _____

I am interested in helping with: _____

For questions, please email: Cindy@NorthSuncoastChiropracticSociety.com or call 727.372.3312

Our purpose is to preserve, promote, protect and advance the Chiropractic Physician profession, to generate a deeper community awareness of the positive benefits of chiropractic care and to ensure that Chiropractic Physicians have a political voice in the State of Florida through Chiro PAC.

REASONS **YOU** SHOULD JOIN THE NSCS...

1. Includes meal at general monthly meetings.
2. Great opportunities to make contact with other like-minded professionals and business associates.
3. Free classified ads in our newsletter, opportunities to submit articles of interest, photos and special interest items such as office grand openings, community recognition, weddings, births, etc.
4. Invitation to hear professional speakers who are experts in their field.
5. Free information source for ethics, grievances, insurance relations & more.
6. Opportunities to assist in getting chiropractic well-known & well-thought of in the local community through various awareness programs.
7. Receive up-to-date legislative & other news pertaining to the chiropractic profession.
8. An informative newsletter.
9. BECAUSE YOU SHOULD...our society is non-profit and works to support YOUR profession! Even if you cannot attend all meetings, please become a member to support financially.