



Estonian Manual Medicine and Chiropractic Association

Eesti Manuaalse Meditsiini ja Kiropraktika Selts

Membership Application

Please Print All Information – Incomplete Application Forms Cannot Be Processed

Ms..... Mr..... Mrs..... Dr..... Male Female

Designations: DC.....MD.....DO.....PT.....RTP.....NMD.....ND.....DAc.....Other.....

Mailing address:

City:.....Country :.....Postal Code:.....E-Mail address:.....

Home phone:..... Business phone:.....Mobile:Fax.....

Date of Birth:...../...../.....Manual/Therapies Specialty:.....

Education:.....

.....

Medical or Health Professional Licenses(Country and Number).....

Professional Affiliations:.....

Please enclose substantiating documents with your application ,i.e, licenses, certificates

Annual Membership Options

Professional Membership - € 75	<input type="checkbox"/>	Initial Application Fee (Professional Members Only)- € 25	<input type="checkbox"/>
Student Membership - € 50	<input type="checkbox"/>	Associate / International Membership - € 50	<input type="checkbox"/>

Method of Payment

Do not send cash. **Mail payment to: Pärnu mnt 139C, Tallinn, 11317, Estonia**

Check/Money Order/Internet Bank Transfer Visa/Mastercard/Am Ex/Debit

Deposit Internet Funds Transfer to Swedbank: EE712200221030476755

I, the undersigned applicant , do hereby state that all information contained in this application is true to the best of my knowledge and I have read the Code of Ethics. I understand that any false statements made in this application or subsequent renewals of this application shall void my membership. I further understand that membership fees are annual and subject to change.

Signature (REQUIRED).....

Date

Pärnu mnt 139C, Tallinn, 11317, Estonia