



EUROPEAN
CHIROPRACTORS'
UNION

APPLICATION FOR INDIVIDUAL MEMBERSHIP TO THE ECU

Surname:	Forename(s):
Year of graduation and name of College/University of chiropractic degree:	
Business Address:	Telephone: E-mail: Fax:
Mailing address for publications (if different from business address)	
Signature:	Date:

Your application must be accompanied by a copy of your chiropractic diploma and a letter of Good Standing from your local, State or National Association.

Annual Fees for Individual Chiropractic Members are:

- **Practising Chiropractor: €190**
- **Retired Chiropractor: €95**

An invoice will be submitted to you when your application has been accepted.

Please complete this form and return it to:

The Executive Secretary, European Chiropractors' Union,
The Glasshouse, 5A Hampton Road, Hampton Hill, Middlesex, TW12 1JN, United Kingdom
Tel: (+44) (0) 20 8977 2206, Fax: (+44) (0) 20 8977 2206, email: sue@ecunion.eu