

International
Chiropractors Association



Council on Wellness Lifestyle Science

Providing you with the

- ***INFORMATION***
- ***RESOURCES***
- ***COMMUNICATION STRATEGIES***
- ***CLINICAL INSIGHTS***

***...to help you lead your patients
and your community to better health!***

**Become a Leader in the
Wellness Paradigm and
serve your patients with
greater effectiveness,
professional confidence
and clinical insight!**

**Play a central part in
Chiropractic's growing role
with this vitally important
dimension of health and
healing.**

Benefits of Membership Include:

- ICA Wellness Lifestyle Science Council Membership Certificate
- Featured Listing in the worldwide ICA Science Council Membership Referral Directory
- Priority Registration and Special Discounts for Wellness Council Seminars and the CCWP Certification Program
- Subscription to *Chiropractic Wellness E-Updates*
- Special Discounts on select wellness-related publications offered by ICA and the Wellness Lifestyle Council
- —And Much More! Details at chiropractic.org/wellness

WELLNESS LIFESTYLE

CERTIFICATION PROGRAM

Become a Certified Chiropractic Wellness Lifestyle Practitioner (CCWP) through this comprehensive, innovative educational program. The CCWP Certification offers a series of on-site and at-home segments combined to equip you with cutting-edge strategies and up to date information, helping you to become a powerfully effective influence for health in your community and to act as an invaluable wellness resource for your patients! Gain insights on health and healing through evidence-based lifestyle intervention strategies with updates from the research record on topics including:

- Validation of the chiropractic paradigm
- Instruction in wellness-based nutrition & hygiene
- Coaching on exercise and spinal hygiene
- Training in stress reduction and positive attitude

**SEMINAR MODULES MAY BE TAKEN INDIVIDUALLY;
DOCTORS SEEKING CERTIFICATION MAY ATTEND
MODULES IN ANY ORDER AT MULTIPLE LOCATIONS!**

Be a Leader in Wellness Lifestyle Intervention!

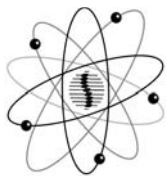
FOR MORE ON MEMBERSHIP BENEFITS & UPCOMING PROGRAMS,
Visit the ICA Website at www.chiropractic.org or E-Mail wellness@chiropractic.org

SEND YOUR COMPLETED APPLICATION TO:



ICA Council on Wellness Lifestyle Science
6400 Arlington Boulevard, Suite 800
Falls Church, VA 22042 USA

(800) 423-4690
(US & Canada)
+01 (703) 528-5000
FAX: (703) 528-5023



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MEMBERSHIP INFORMATION PROVIDED HERE WILL BE USED IN THE ICA SCIENCE COUNCILS REFERRAL DIRECTORY AND SPEAKERS BUREAU DATA SYSTEMS, PLEASE PRINT CLEARLY!

CONTACT INFORMATION:

Full Name: _____ Date of Birth: _____

Office Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Phone #: _____ Fax #: _____ E-Mail: _____

Chiropractic College: _____ Date of Graduation:* _____

*(students provide anticipated date of graduation)

OTHER CREDENTIALS:

Abbrev. + Full Name of Certification: _____ / _____

Where Obtained/School/Date: _____ / _____ / _____

National, Local and Special-Focus Chiropractic Organization(s) to Which You Belong: _____

CHIROPRACTIC LICENSE:

License # _____ State/Province: _____ License # _____ State/Province: _____

Engaged in Active Practice? Yes No

Membership dues are for a period of one year and are payable annually.

Dues are not deductible as a charitable contribution for income tax purposes, but may be deductible as a business expense.

YES,

I want to be a Member of the ICA Council on Wellness Lifestyle Science!

Annual Dues: FIELD DOCTOR \$100 STUDENT \$30

I hereby apply for membership in the Council on Wellness Lifestyle Science of the International Chiropractors Association. It is mutually agreed that this application, when accepted, shall constitute the contract between the Council and its members. I understand that failure to remit dues will result in loss of membership, and all rights and privileges thereof.

Signature: _____ Date: _____

HERE IS MY DUES PAYMENT: \$100 Field Dr. \$30 Student Payment by Check Enclosed
(IN US FUNDS)

Please Charge my: Visa MasterCard American Express Discover

Account #: _____ Expir. Date: _____ Security Code: _____
[3010-107077]

RETURN APPLICATION WITH CHECK (PAYABLE TO ICA) OR CREDIT CARD INFORMATION TO:

ICA Council on Wellness Lifestyle Science

6400 Arlington Boulevard, Suite 800

Falls Church, VA 22042 USA

Or Fax to: (703) 528-5023

Phone: (800) 423-4690 (US & Canada)

+01(703) 528-5000

Visit ICA's Website at www.chiropractic.org for Council updates!