BCA Id. No:
Password:

British Chiropractic Association

Application for Membership

Please complete both sections and the declaration

SECTION ONE

Surname:	Forename:
Correspondence Address: Postcode:	PRTS Training Practice: Postcode:

Please affix a passport photo here	Trainer's Name: What date will you start to work?

Home Tel. No:	Work Tel. No:
Mobile No:	Fax:
E-Mail address:	Do you have Internet access Yes/No
Nationality:	Place of birth:
Date of Birth:	Marital Status:
Maiden name: (If applicable)	Male or Female:

Chiropractic College(s) attended:	Dates from:
Length of course:	Graduation date:
GCC Registration Number: (if known)	Dated:

British Chiropractic Association

Other chiropractic associations - Please give details, including dates, of other chiropractic associations to which you belong or have belonged:

Previous chiropractic employment - Please give details and addresses of previous chiropractic practices you have worked in for more than six months over the past two years:

Other professional qualifications - Please give details of other current or former professions practised and/or qualifications/degrees held:

Malpractice - If you have had a malpractice suit brought against you, please give details including the result of the suit:

Criminal offences - If you have a criminal record of any kind, please give details of offences and dates of conviction:

Health - Do you suffer from any physical/mental impairment or chronic illness? If so, please give details:

SECTION TWO

Please note the enclosures required

1. Current passport photograph - affix in section one where indicated

2. The following letters of reference:

   (a) From your college of graduation (for character and professional and academic performance

   (b) A character reference from someone you know - doctor, priest etc. (Not a family member or chiropractor)

3. Copies of your Chiropractic Diploma/Degree

4. Overseas applicants

   (a) An additional letter of reference - in English - from your national association, even if you are not a member. If there is no national association in your country, then enclose a letter from an individual of good standing, preferably a DC.

   (b) A copy of your work visa (if applicable)

5. Application for Insurance Form

6. Subscription fee (inclusive of insurance fee). Cheques made payable to ***British Chiropractic Association***. Please note this is for provisional membership of a maximum of 12 months, by which time your PRTS should be completed.

7. Signatures of Proposer and Seconder who should be ***full BCA members*** only:

7. We would advise you to send your application form and relevant documentation via Recorded Delivery.

Proposer's signature:	Seconder's signature:
Name (please print):	Name (please print):
Address:	Address:
Length of time you have known this applicant:	Length of time you have known this applicant:

British Chiropractic Association

DECLARATION

I ..... (***insert full name in block capitals***), hereby declare that the foregoing information is true to the best of my knowledge, and shall be the basis of my membership of the BCA. I shall notify the BCA of any changes in these details. I have read, understood and agree to abide by the Rules, Byelaws and Code of Conduct of the BCA. Should I change my name, or cease to be a member, I shall then return the Membership Certificate.

Signed ..... Date .....

Under the regulation of the Financial services Authority, the BCA act as an Appointed Representative for Lloyd and Whyte Limited, which is an Approved Principal of the FSA, whose number is 306077.

Please return this form, with enclosures to:

Sandy Gale
Membership Secretary
The British Chiropractic Association
59 Castle Street
READING
Berkshire
RG1 7SN

Tel: 0118 950 5950
DDI: 0118 983 9761
Fax: 0118 958 8946
E Mail: Membership@chiropractic-uk.co.uk

For office use only	
Date acknowledged	
PRTS Form dated	
Approved by BCA Executive Committee	

British Chiropractic Association