



*Chiropractic
Assistants of
Tennessee*

Invitation to Membership

Membership Investment : \$50.00 Annually

Membership investments paid annually. Application must be accompanied by membership fee.

Please Print or Type:

Name: _____ **Date of Birth:** _____

Name of Clinic: _____ **Date of Hire:** _____

Name of Employer: _____

Office Address: _____

City, State, Zip: _____

Office Phone: _____ **Office Fax:** _____

Office E-mail: _____ **Home E-Mail:** _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ **Social Security#:** _____

Preferred method of receiving CA SCENE newsletter (please circle one): **Hm E-mail** **Wk E-mail** **Fax**

List State Licenses/Certifications:

CTA Lic# _____

CXT Lic# _____

LMT Lic# _____

List Office Duties:

Front Desk

Insurance

Back Office

Payment Options: My check is enclosed MC or Visa

Please apply to my Employer's TCA Gold Membership Benefit **Doctor's Name:** _____

Card#: _____ **Exp. Date:** _____

Name on Card: _____ **Signature:** _____

Billing Address: _____ **Zip:** _____

I hereby apply for membership in the Chiropractic Assistants of Tennessee, agreeing to abide by the By-Laws, rules, regulations and code of ethics and any amendments hereafter adopted by the association.

Applicant's Signature: _____ **Date:** _____



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CAT Member Benefits

Join today and receive the following valuable benefits!

- √ Subscription to the C.A. Scene – the CAT monthly newsletter
- √ Involvement in organizing seminars specifically for chiropractic assistants
- √ Discount for CAT members on all C.A. seminars
- √ Member discounts on all continuing education for CA's, CXT's and CTA's
- √ Free copy and listing in the Chiropractic Assistant Membership Directory
- √ Opportunity to submit articles and information for publication in C.A. Scene
- √ Free personal classified ad in TCA Journal – TCA quarterly publication
- √ Statewide interaction with other chiropractic assistants
- √ Support on office procedure and insurance questions
- √ Opportunity to serve on the CAT Board of Directors and be the voice of your profession

**Your CAT Membership application is listed on the back of this form.
Simply fill it out with your \$50 membership investment and send it to:**

**CAT/TCA * 2123 8th Avenue South * Nashville, TN 37204
Phone (615) 383-6231 * Fax (615) 383-6233 * E-mail TCA@TNChiro.com**

Voices Speak Loudly



When Many Voices Join Together