

Membership Application DCF

Dutch Chiropractic Federation

Rijnsingel 13

2987 SB Ridderkerk

tel. 0180-414655

fax. 0180-411221



Name _____

Date of birth _____

Office name _____

Office address _____

Office phone _____

City _____ Zipcode _____

Home address _____

City _____ Zipcode _____

Home phone _____

E-mail address _____

www. _____

Chiropractic College attended _____

Graduation date _____

Other chiropractic memberships _____

The applicant must be in good standing with the I.C.A.
 (International Chiropractors Association) and submit his/her
 I.C.A. membership number to join the D.C.F.

I.C.A. membership number _____

Verified by D.C.F. Officer _____ Name _____

In connection with the malpractice insurance.

Earlier insurances.

Do you have a malpractice insurance at the moment? yes or no

If the answer is yes, please note where:

Company	Number of policy	Insured amount	Reason resign
_____	_____	_____	_____
expires (ddmmjjjj) ____-____-_____			

If the answer is no, did you have an insurance? yes or no

If the answer is yes, please note where:

Company	Number of policy	Insured amount	Reason resign
_____	_____	_____	_____
expired (ddmmjjjj) ____-____-_____			



The DCF is the Chiropractic association representing the ICA members practicing in Holland

History

Have you ever caused/suffered damage which is covered by this insurance you apply for? yes or no

If the answer is yes, please fill in:

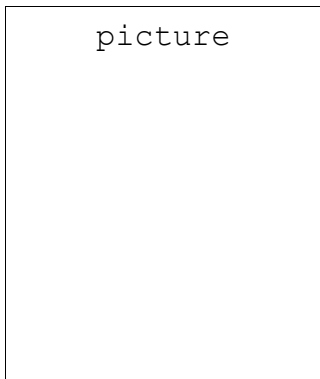
Year of damage	Company	Damage amount	Damage open/ payd/rejected	Description incident
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If there are more incidents, make een attachement with a specification.

Has an insurer refused/ terminated an insurance, or announced/ used restricted conditions or higher premium specific and excluded for that risk and that insurance? yes or no

Have you got into trouble with the police/ justice on suspicion of committing a crime? yes or no

I hereby apply for membership agreeing to abide the Constitution, By-laws, code of Ethics, all amendments and regulations, and amendments hereafter legally adopted: further, it is mutually agreed that application when accepted shall constitute the contract between the association and its membership, and all rights and privileges thereof.



Signature applicant _____ Date _____

Please send this form with:

- a copy of your diploma
- a copy of your national boards
- a letter of recommendation of your present chiropractic federation
- and a picture

to: DCF, Rijsingel 13, 2987 SB Ridderkerk

The membership won't be absolute till the DCF received all documents and the DCF confirmed you are a member.



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