

Membership Application DCF

Dutch Chiropractic Federation

Rijnsingel 13

2987 SB Ridderkerk

tel. 0180-414655

fax. 0180-411221



Name \_\_\_\_\_ m / f

Date of birth \_\_\_\_\_

Office name \_\_\_\_\_

Office address \_\_\_\_\_

Office phone \_\_\_\_\_

City \_\_\_\_\_ Zipcode \_\_\_\_\_

Start date \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ Zipcode \_\_\_\_\_

cell phone \_\_\_\_\_

workrelation \_\_\_\_\_ subcontractor/employee

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 \_\_\_\_\_

To get you a malpractice insurance, which is included and insoluble with the membership

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) ____-____-_____			

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:



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

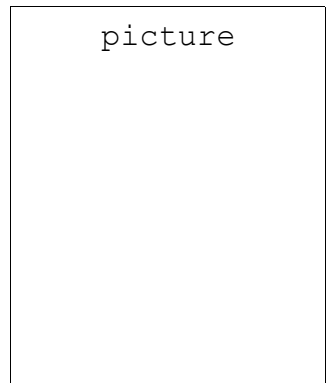
Year of damage	Company	Damage amount	Damage open/ payd/rejected	Description incident
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 conform to the Constitution, By-laws, code of Ethics, all amendments and regulations of the DCF and SNRC. The membership of DCF includes a registration with the SNRC and the SGRC. 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
- copy of your id
- record of the Chamber of Commerce if working as subcontractork
- a letter of good standing of your last employer
- a letter of good standing of your current registration board
- proof of the Dutch language
- and a picture for on the website

to: DCF, Rijnsingel 13, 2987 SB Ridderkerk or dcfchiropractie@gmail.com

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

