



AQPR (PRCA) Membership Application

Asociación de Quiroprácticos de Puerto Rico • (787) 800-9667 • aqpr09@gmail.com

Name:

Office Address:

Mailing Address:

Office Telephone: _____

Office Fax: _____

Email Address:

Chiropractic School: _____

Year of Graduation: _____

List of Certificates:

Chiropractic License:

State: _____ License #: _____

State: _____ License #: _____

State: _____ License #: _____

Payment Information:

- Check
- Money Order
- Credit Card (Visa, Master Card)

Name on the card: _____ Type of Card: _____

Visa • MC Card number: _____ Expiration Date: _____

Security Code: _____

Signature: _____ Date: _____

- The PRCA Membership fee is \$300.00 annually (starting in January 2012).
- The PRCA Membership is valid from January 1st to December 31st of the current year.
- The PRCA Membership must be paid before January 31st of the current year in order to benefit from the \$50.00 discount.
- Please made Checks or Money Order payable to: Asociación de Quiroprácticos de Puerto Rico or Puerto Rico Chiropractic Association
- Mail any payment to: **AQPR**

**PO Box 363433
San Juan, PR 00936-3433**