



## APPLICATION FOR INDIVIDUAL MEMBERSHIP TO THE ECU

Surname:	Forename(s):
Year of Graduation and name of College/University of chiropractic degree:	
Business Address:	Telephone: E-mail: Website:
Mailing address for publications (If different from business address):	
Signature:	Date:

**Annual Fees for Individual Chiropractic Members are:**

- Practising Chiropractor €190
- Retired Chiropractor €95

An invoice will be submitted to you when your application has been accepted.

**Please complete this form and return it to:**  
Head Office, European Chiropractors' Union  
The Glasshouse, 5A Hampton Road, Hampton Hill, Middlesex, TW12 1JN, United Kingdom  
Tel: (+44) (0) 8977 2206, email: [claire@ecunion.eu](mailto:claire@ecunion.eu)