

I.C.P.A. Annual Public Membership Registration Form

Shipping Information

name: _____

street: _____

city: _____ state: _____ zip/postal: _____

phone: _____ email: _____

Billing Information

credit card #: _____ exp: _____

signature: _____ date: _____

Payment methods: Check, Visa, MasterCard, AmEx |
All gifts made to the I.C.P.A. are tax deductible.

Amount: \$25.00 | All Funds U.S. Dollars
\$35 Canada,
\$45 Europe,
\$50 Rest of the World

print and fax orders to:

(610) 565-3567

or mail to:

International Chiropractic Pediatric Association
327 N Middletown Rd
Media, PA 19063

Questions? Please call (610) 565-2360

As a nonprofit, 501(c)(3) organization, the I.C.P.A. depends on our members to help fund our work. Whether you are a practitioner or a layperson, we welcome your support and are delighted to have you with us.

