

# YORK PEEL CHIROPRACTIC SOCIETY

## Membership Registration Form

Please complete this form and mail it to the address below  
or bring it to the next York Peel Chiropractic Society meetings.

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Chiropractic College: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Please check the appropriate membership category:

Membership \$250 \_\_\_\_\_

First Year Doctor (\$100.00) \_\_\_\_\_

Please bring this form to the next YPCS meeting  
or mail to:

Dr. Paul Grittani  
1710 Dufferin St., Suite 100  
Toronto, Ontario  
M6E 3P2