



www.richiro.org • director@richiro.org

Membership Application

List Information as you would like it to appear on the CSRI website.

Name: _____ Year of Graduation: _____

Office Name: _____ Office Phone: _____

Office Address: _____ Zip _____

Office Email: _____ List email on website: Yes No

Office Web URL: _____ List URL on website: Yes No

Office fax: _____ College of Graduation: _____

Licensed to practice in RI? Yes No Year of License _____ Year of Graduation _____

List other states licensed to practice _____

List other schools of healing science _____

List areas of specialty _____

Home Address _____

Home Phone _____ Send invoices to: Office Home Email

Provide the name and phone for two chiropractors as references: _____

Has there ever been a criminal or civil action brought against you? _____ If yes, explain below.

Are there any suits or prosecutions pending or threatening at this time? _____ If yes, explain below.

I, the undersigned, hereby apply for membership in the Chiropractic Society of Rhode Island. To receive benefits accruing to such membership, I hereby agree to abide by the CSRI constitution, bylaws and all rules and regulations thereafter adopted. In addition, I will make a good faith effort to pay dues in a timely fashion and participate in CSRI events.

Signature _____ Date _____

General Inquiries: PO Box 1107, Slatersville, RI 02876
Billing Inquiries: PO Box 16, Barrington, RI 02806
Telephone: 401-597-0760: Fax: 347-412-2798