



# Enrollment Form

## Primary Applicant (Please print clearly)

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

**Acclaim** may also be used by relatives living in your household. Please list below.

1. Name \_\_\_\_\_

Relation \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Name \_\_\_\_\_

Relation \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Name \_\_\_\_\_

Relation \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Name \_\_\_\_\_

Relation \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

## Chiropractor's Information

**Acclaim** Personal Chiropractic Physician (APCP) \_\_\_\_\_

APCP Phone Number (\_\_\_\_\_) \_\_\_\_\_

Date Mailed to OCA \_\_\_\_\_

## Payment Information

### Annual \$30 Membership Fee

\$30 check or money order enclosed and payable to OCA

Please bill my credit card \$30       VISA    Discover    MasterCard    American Express

Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

I understand I will be notified for annual renewals of Acclaim 30 days before my expiration date.

Signature \_\_\_\_\_

Original Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_

