



ILLINOIS NAPRAPATHIC ASSOCIATION

President: Dr Ted Rapacz DN, 6555 W. North Ave, Oak Park, IL 60302 Phone: (708-383-1627)

MEMBERSHIP APPLICATION

NAME: First _____ Last: _____ Degree _____
Home Address: _____ City: _____ State: ___ Zip _____
Bus. Name: _____
Bus. Address: _____ City: _____ State: ___ Zip _____
Phone: Home: _____ Off: _____ Cell: _____
Email Address: _____ Website: _____

HIGHER EDUCATION:

School	Address	Year: From/To	Degree Granted
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LICENSURE(s):

Type	County/State	Date	Number#
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATIONS:

Board	Address	Date	Type
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_____	_____	_____	_____
_____	_____	_____	_____

NATIONAL PROFESSIONAL IDENTIFICATION: (NPI) #: _____

I acknowledge my request to become a member of the Illinois Naprapathic Association and upon
My signature with included the correct payment this will be valid:

Signature: _____ Date: _____

Printed Name on Card: _____

Payment: Credit Card – Check - Cash

Visa/MC/AE/DIS#: _____ Exp: Date _____ Code# _ _ _

Sponsors Name: _____



ILLINOIS NAPRAPATHIC ASSOCIATION

Membership Qualities

Joining the Illinois Naprapathic Association representing Naprapaths in Illinois today will:

- Encourage you to get involved in promoting Naprapathy
- Keep you updated with educational seminars
- Promotes networking with your colleagues
- Boosts your business with new marketing strategies and tools
- Expert Insurance training and updates.
- Help Naprapaths in the new and changing environment.

Our mission is to Protect and Promote all Illinois Naprapaths.

The I.N.A. is one of the state's oldest professional association of Naprapaths in the State of Illinois. I.N.A is committed to helping your business grow with improving your professional educational goals.

We desire to make you and your practice successful. The I.N.A. is working to facilitate avenues to increase income for the Doctors of Naprapathy.

Requirements to be eligible for application:

- Sponsorship of a current INA member in good standing. (form signed and included)
- Degree in Naprapathy (except student, interns: proof from school). Copy included
- License of Naprapathy (License #). Copy included
- No knowledge of any illegal or undermining in the profession of any kind.
- Membership majority vote for admission to be complete.

Membership Options Fees:

*Full Membership - Licensed Doctors of Naprapathy\$ 200.00

Addition Options:

Retired/Disabled-Doctors of Naprapathy\$ 50.00

Student/Interns –\$ 100.00
Note: Non-voting membership

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*****Print your Name for Certificate:** _____

Make Checks out to Illinois Naprapathic Association and then mail to: ILLINOIS NAPRAPATHIC ASSOCIATION

C/O Dr Barbara Lenihan DN- Treasurer

6472 Sunny brook lane, Machesney Park, IL 61115



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Sponsorship Form

I, sponsor (print name: _____) find the Naprapath below
(print name: _____) to be of good character and would
recommend them to be a member in good standing. I will take personal responsibility for
mentoring and connecting with said person. I will give a copy of the by-laws and help them
understand the Roberts rules and how we hold our meetings and the proper procedures for
addressing the board and wanting to be heard or bring a motion to the floor. I will encourage
them to be part of the board or committees to help serve in anyway.

If the said Naprapath does anything with in the first year that would make them not in good
standing or undermining the association or board in any way their petition for full membership
will be terminated.

A petition will have to go before the board to hear the reasons for the Naprapath to state their
case and ask for a consideration of reinstatement.

Signed Sponsor: _____ Date: _____

Printed Sponsor: _____ Date: _____

Naprapath/student/intern Signed: _____ Date: _____

Naprapath/student/intern Printed: _____ Date: _____