



West Hartford Group, Inc.

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West Hartford Group, Inc.

APPLICATION FOR MEMBERSHIP

Contact Information

First Name:		Middle Initial:	Last Name:	
Business Address:				City:
State or Province:	Zip or Mail Code:	Website Address:		
Office Phone:	Office Fax:	Email Address:		
*Signature		Nominated/Sponsored for membership by:		

Educational Information

Graduate Academic and Professional Degrees ("X" or "Check" ✓ all that apply):

PT MA/MS MPT MBA MPH MSW JD DNP OD DPM
 DPT DDS/DMD DC DO MD DSc EdD DrPH PhD Other: _____

Last College or University Attended:	Year Graduated:	Degree Awarded:
1st Professional Degree Awarded By:		Year Graduated:
State or Province of License:	License Number:	Date of Issue:

Personal Information

Home Address:		City/State/Province:	
Zip/Mail Code:	Date of Birth	Home Phone:	Home E-mail Address:

Mission Statement

The West Hartford Group, Inc. is a scholarly, clinical practice think tank dedicated to the acquisition of the social, cultural and professional authority for the chiropractic profession, where the Doctor of Chiropractic serves a vital role in the mainstream health delivery system as a non-surgical spinal care specialist dedicated to clinical excellence, intellectual honesty, professional integrity, ethical practice and the delivery of patient-centered, patient-safe, evidence-influenced care and best practice.

Membership	Dues Rate	Payment Information
* I hereby give West Hartford the ability to send me advertisements (concerning upcoming events, etc) by facsimile.	Full Year Dues \$100 USD	Amount of Check Enclosed:
<ul style="list-style-type: none"> General Membership <ul style="list-style-type: none"> Nominees, please attach a current Curriculum Vitae. Include all professional degrees, list of research documents, thesis', academic and community based awards and membership in other professional organizations. Please complete a West Hartford Group, Inc., Disclosure Form. In making this application, I fully understand and agree that, if accepted, I will abide by the certificate of incorporation of West Hartford Group, Inc., its bylaws, its Canon of Ethics and any and all rules and regulations adopted by West Hartford Group, Inc., the laws of the United States and its territories, the laws, rules and regulations of the State of New York and the laws of the Federal Government and Provinces of Canada. 	New Member Joins: 1 Jan - 31 Mar Dues – \$100 USD	Make checks payable to: West Hartford Group, Inc.
	New Member Joins 1 Apr - 30 Jun Dues – \$75 USD	Office Use Only. Date Received:
	New Member Joins 1 Jul - 31 Aug Dues – \$50 USD	Dues are payable upon joining and at renewal 1 January of each year. ** Members joining between 1 Sep and 31 Dec pay a full years dues credited to the year following and will receive the remaining months of the current, joining year at no additional cost.
	New Member Joins 1 Sep - 31 Dec** Dues – \$100 USD	