



## Change of Category Application Part-Time Membership

Part-time membership is offered to members with the approval of the Board and defined in the NBCA By-laws Section 13.

Please complete form and return to [admin@nbcamembers.ca](mailto:admin@nbcamembers.ca) An administrative fee of \$70.00 must accompany this application for consideration by the Board. Other membership fees will apply when the application is approved.

### Pay application Fee

#### Applicant information

Name:

Current Office Address:

Preferred Phone number:

Preferred Email:

Start Date:

Reason:

#### Details of Application

I respectfully request consideration of my membership classification to Part-time.

I understand that during practice interruption, I must continue to carry professional liability protection, PLP, as provided by the Canadian Chiropractic Protective Association, CCPA, or equivalent from another insurance carrier, and provide proof of the same. In addition, continuing education requirements must be maintained.

I acknowledge that I have read the Bylaws Section 13 and understand the definition of part-time membership.

Signature:

Date