

Newfoundland and Labrador Chiropractic Board



FORM A

APPLICATION FOR REGISTRATION

**PLEASE TYPE OR PRINT – APPLICATION WILL BE RETURNED IF INCOMPLETE*

NAME: _____
(Given) (Middle) (Surname)

ADDRESS: _____

MAILING ADDRESS
(If Different): _____

TELEPHONE: Home: _____
Office: _____

Email Address: _____

Date of Birth: _____ **Sex:** _____
(Day/ Month/ Year)

Place of Birth: _____

Are you legally entitled to work in Canada? _____
If NO, what citizenship? _____

Social Insurance Number: _____

106-17 120 Conception Bay Highway CBS, NL A1W 3H9
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