

Category 3 - Public Member Nomination Form

PLEASE PRINT/TYPE ALL NOMINATION INFORMATION. Duplicate form as needed.

Nominees in Category 3 cannot be a Doctor of Chiropractic (D.C.), nor associated with a CCE accredited Program/Institution, nor a member of any related or affiliated trade or membership organization, or have been officially associated with a CCE accredited Program/Institution within the past 5 years. [CCE Bylaws 6.02(c)]

1. NOMINEE INFORMATION

Name: _____

Address: _____

Phone: (____) _____ Email: _____

2. NOMINEE VERIFICATION

Please verify compliance with CCE Bylaws by checking the following requirements:

The nominee is not a chiropractor, nor is a spouse, parent, child or sibling of the nominee a chiropractor.

Nominee meets the above requirement: Yes ___ No ___

The nominee is not a member nor has a spouse, parent, child or sibling associated with any related, associated, or affiliated chiropractic trade associations or membership organizations.

Nominee meets the above requirement: Yes ___ No ___

The nominee is not currently or has not been associated with nor has a spouse, parent, child or sibling of any doctor of chiropractic degree program or institution within the past five years.

Nominee meets the above requirement: Yes ___ No ___

3. NOMINATOR INFORMATION (If self-nomination, a signature is all that is required)

Member of the chiropractic academic/professional community or the public at large making this nomination:

Name: _____

Signature: _____

Phone: (____) _____ Email: _____

*****VERIFICATION OF BYLAWS REQUIREMENTS BY NOMINEE IS REQUIRED IF NOT SELF-NOMINATION*****

I, _____ (Printed Name of Nominee), accept the nomination submitted and have reviewed and verified the requirements listed above in Item 2.

Signature of Nominee

Date