



# SACRO OCCIPITAL RESEARCH SOCIETY INTERNATIONAL

## STUDENT - Membership Application

Student Membership Fees: \$50.00 (one-time fee)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Chiropractic College: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

“Sponsor a Student” program:

Please list name of doctor sponsor, if applicable: \_\_\_\_\_

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### Submit application:

\_\_\_\_\_ Check payable to SORSI, P.O. Box 24361, Overland Park, KS 66283  
\_\_\_\_\_ VISA/AM EX/MC \_\_\_\_\_ Exp. Date \_\_\_\_\_  
3 or 4 digit security code \_\_\_\_\_  
Name as listed on credit card \_\_\_\_\_

Phone: ((913) 239-0228  
Fax: (913) 239-0305