

The Pennsylvania Chiropractic Association has achieved significant and meaningful successes in the past 5 years, all of these directly resulting from the efforts of PCA members who volunteer their time to serve on PCA's committees and working groups. PCA seeks thoughtful and committed members, seasoned DCs AND those who are new to practice, to advance their profession by committing the time they have available in service to PCA.

If you are interested in joining a PCA Committee please complete and return the volunteer application below.

PCA Committee Volunteer Application

Contact Information		
Name		
Street Address		
City ST ZIP Code		
Office Phone		
Cell Phone		
E-Mail Address		

Interests

Tell us in which committee you are interested in joining

____ Annual Convention (develops and delivers the PCA Annual Convention)

____ Bylaws (annually develops updates to PCA's Bylaws)

____ Communications (performs oversight of all PCA communications, including PCA Direct, website, & 5-Minute Update)

____ Finance (performs oversight of all financial matters, including annual PCA budget)

____ Insurance (reviews and responds to all PCA members insurance related questions)

Legislative (performs oversight of and prioritizes all of PCA's legislative and regulatory activities)

Special Skills or Qualifications

Briefly summarize special skills and qualifications you have acquired from practice or instruction, previous volunteer work, or through other activities.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of the PCA to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering to advance YOUR PCA!!