



DOWNTOWN EDMONDS CHIROPRACTIC

HELPING YOU LIVE YOUR BEST LIFE

Website Member Wellness Registration

To become a registered member with our office simply fill out the form below. Once your membership request has been approved, you will be notified via email. Please make sure the email address you provide is accurate. Form fields marked with an * are required for registration.

Please note that we respect your privacy, and will not loan, sell, or otherwise distribute your personal information to any third party.

General Information:

*First Name: _____ *Last Name: _____

*Address: _____

*City: _____ State: _____ *Zip: _____ *Country: _____

*Phone: _____ Fax: _____

*E-Mail Address: _____

Member Log-In:

*Username: _____

*Password: _____

Yes, I would like to receive special offers or cards on my birthday.

Birthday: _____ / _____ / _____

Yes, I would like to receive special announcements from the office and a free subscription to the Healthy Living Newsletter.

Check off topics of interest:

- Backaches & Sciatica
- Headaches & Neck Pain Wellness Topics
- Diet & Nutrition
- Exercise & Fitness Women's Health Issues
- Children's Health Issues Stress Management Doctor's Announcements

115 Fourth Avenue S., Suite D, Edmonds, WA 98020
Office: (425) 712.9277 • Fax: (425) 775.5085 • www.downtownedmondschiro.com