

NEW BRUNSWICK CHIROPRACTORS ASSOCIATION  
ASSOCIATION DES CHIROPRACTICIEN DU NOUVEAU BRUNSWICK

FORM 10

ANNUAL PERMIT

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THIS IS TO CERTIFY THAT \_\_\_\_\_

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\_\_\_\_\_

is entitled to engage in the practice of chiropractic under the provisions of *The Chiropractic Act, 1997*, for the year ending December 31, 19\_\_.

IN WITNESS WHEREOF I have hereunto affixed the seal of the New Brunswick Chiropractic Association, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Secretary of the New Brunswick Chiropractic Association