



MAIN 402.934.4744 • FAX 402.934.4908  
 13215 BIRCH DRIVE, SUITE 200 • OMAHA, NE 68164  
 www.nebraskachiropractic.org

## Nebraska Chiropractic Physicians Association Application for Membership

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

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

Office Phone Number: \_\_\_\_\_ Office Fax: \_\_\_\_\_

E-Mail (for NCPA billing and communications): \_\_\_\_\_

E-Mail (for public viewing on NCPA website, if different): \_\_\_\_\_

How many years have you been practicing chiropractic in Nebraska? \_\_\_\_\_

### NCPA Membership Categories

The following NCPA dues schedule has been adopted for the period of  
 August 1, 2017 through July 31, 2018

**(PLEASE CHECK ONE BOX)**

	Annual	Monthly
Regular Member	\$750.00 \$600.00 if received by 7/21/2017	\$62.50 Credit Card or ACH No Checks
1st Year After Graduation Date: _____	Rate is based off of Graduation Date Please call for details	\$7.50 Credit Card or ACH No Checks
2nd Year After Graduation Date: _____	Rate is based off of Graduation Date Please call for details	\$37.50 Credit Card or ACH No Checks
Retired or Disabled (working less than 20 hours per week)	\$450.00	\$37.50 Credit Card or ACH No Checks
Out of State Membership	\$40.00	
Student Membership	\$10.00	

In applying for membership, I hereby agree to abide by the Charter, Provisions, Bylaws, and Code of Ethics of the NCPA. I also understand that failure to remit dues will result in the loss of membership and all the rights and privileges thereof.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Payment Information

**Only dues paid in full may be paid by check; all monthly payments require payment via Credit/Debit Card or ACH.**

Credit/Debit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name: (as it appears on card) \_\_\_\_\_

Address: \_\_\_\_\_ (where statements are received)

Zip Code: \_\_\_\_\_ Security Code: \_\_\_\_\_

Checking Account # \_\_\_\_\_ ABA Routing # \_\_\_\_\_

Name on Checking Account: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant Information: I hereby authorize the NCPA to initiate, on or about the 20<sup>th</sup> of each month, debit entries to my credit/debit card account, checking account, or a one-time payment in full. I hereby authorize the depository institution named above to debit the same amount from my account. Said debits shall be for the amount of my monthly or full payment of dues.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The portion of dues attributed to lobbying efforts is 32% and is non-deductible for 2017-2018. This is based on the estimated amount of Lobbying Expense for the year ending 7/31/2018.

**\* Please Note: All NCPA communications are sent via email\***

**Return completed application and \$10 application fee to:**

NCPA

Attn: Dues

13215 Birch Drive, Suite 200

Omaha, NE 68164

You may also fax the application to 402-934-4908 (this fax is secured if providing bank information)

**If you have any questions, please feel free to contact:**

Melinda Hanus [mhanus@ncpa.net](mailto:mhanus@ncpa.net) 402-934-4744 x217

Roger Rech [rrech@ncpa.net](mailto:rrech@ncpa.net) 402-934-4744 x216