



Membership Application

Wisconsin Chiropractic Association

521 East Washington Avenue • Madison, WI 53703

phone: 608.256.7023 • fax: 608.256.7123

Name (First, MI, Last) _____

Preferred Name _____ Spouse's Name _____

Date of Birth _____

Office Name _____

Office Address _____ Office Phone _____

Office City/ST/Zip _____ Office Fax _____

Home Address _____ County _____

Home City/ST/Zip _____ Home Phone _____

Primary Email _____ Cell Phone _____

Chiropractic College _____ Graduation Date _____

WI DC License No. _____ Date of Issue _____

Acceptance Statement

I hereby apply for membership in the Wisconsin Chiropractic Association and include a non-refundable application fee of \$20.00.
 I understand that my application is subject to Board of Directors approval, and that I will be notified of their action. I agree that if my application is accepted, I will abide by the Code of Ethics and Bylaws of the Wisconsin Chiropractic Association and I agree to conduct my practice in accordance with the statutes governing the practice of chiropractic in the state of Wisconsin and the rules set forth by the Wisconsin Chiropractic Board of Examiners. (Different rates may apply to out of state memberships. Please contact the WCA office for more information.)

Signature _____ Date _____

Benefits

Select areas of interest for more information.

- Answers from WCA Help Desk
- Business Training & Free CE Classes
- Events: District Meetings & Conventions
- Government Affairs & CHIEF
- Insurance: Business Coverages
- Insurance: Health, Vision & Dental
- Insurance: LTD, STD or Term Life
- WCA Communications & Alerts
- WCA Magazine & Classified Ads

Member Type & Rates

Select membership status (by years licensed) and dues rate.

Years Licensed	Quarterly	Annual
<input type="checkbox"/> Students & <1 yr	No cost	No cost
<input type="checkbox"/> 1st year	\$65	\$260
<input type="checkbox"/> 2nd year	\$108	\$432
<input type="checkbox"/> 3rd year	\$146	\$584
<input type="checkbox"/> Regular (4yrs+)	\$192	\$768
<input type="checkbox"/> Retired		\$100
<input type="checkbox"/> Outside WI		\$100

Qtrly Dues \$ _____ + \$20 App Fee = Total Payment \$ _____

Payment

Charge Amount \$ _____ Visa Mastercard Check Payable to WCA

Credit Card # _____ Expiration _____

Name on Card _____ Sec. Code _____

Signature _____ Date _____

Quarterly dues payments will be charged to member credit cards. Please inform WCA if you prefer an alternate dues payment structure.

Return To



MAIL TO: Wisconsin Chiropractic Association
 521 East Washington Avenue, Madison, Wisconsin 53703
FAX TO: 608.256.7123

OFFICE USE ONLY

Rate Begin _____	Mem _____	District _____
Status _____	Total Price _____	County _____
Dues Forecast _____	Check # _____	+4 _____ CE _____
Username _____	CC Auth _____	Senate _____ Assembly _____
Password _____	Amount _____	Date _____