



# MEMBERSHIP APPLICATION

**NOTE:** You can preserve NCCA resources by submitting this information online at [ncchiro.org](http://ncchiro.org)

Last Name	First Name	Middle Name	Date of Birth
Practice/Company Name ( find a doctor listing at <a href="http://ncchiro.org">ncchiro.org</a> )			N.C License Number
Mailing/Physical Address			Practice Phone #
Email ( for billing, newsletters and promotions)			Fax #
Chiropractic College	Degree(s)		Mobile Phone #
Website Address			

The tax deductible portion of your 2015 NCCA dues has been calculated to be 80%. The non-deductible percentage is 20% and relates to our lobbying activities. Please contact your tax attorney and or accountant for clarification. Sources: <http://www.irs.gov/publications/p529/ar02.html> <http://www.irs.gov/publications/p535/11.html>

## Select NCCA Membership Level

The NCCA membership year is January 1 through December 31

	Monthly	Annually
<input type="checkbox"/> Century Club DC†	\$100	\$1200
<input type="checkbox"/> Full DC Member	\$56.67	\$680
<input type="checkbox"/> Additional DC in your office	\$43.33	\$520
<input type="checkbox"/> Recent Graduate or Newly Licensed DC		\$49
<input type="checkbox"/> Recent Graduate or Newly Licensed DC: 2nd year		\$149
<input type="checkbox"/> Recent Graduate or Newly Licensed DC: 3rd year	\$33.25	\$399
<input type="checkbox"/> Student Member*^ Enrolled in CCE approved college		\$20
<input type="checkbox"/> Non-Resident Member*^ Licensed DC <u>Living outside of N.C.</u>		\$150
<input type="checkbox"/> Non-Practicing Member*^ DC <u>not in practice</u>		\$150

\* Cannot Vote ^ Cannot Hold Office † Special Seating at NCCA Events, Recognition in Programs, etc

### Membership Add-ons

- CA/Staff Membership \$75  
Covers all CAs in one practice location

## Methods of Payment

- Monthly Payment is automatically taken from your card on the 1st of each month.
- Full Pay full amount now.
- Installments Pay amount in installments of your choosing.  
The full amount must be paid by July 1st, 2015.

## Payment Information

Payment Amount \$ \_\_\_\_\_

Visa  MasterCard  Discover  AMEX

Credit Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_ Security code \_\_\_\_\_

Make checks payable to NCCA  
Mail or fax with payment information to:  
North Carolina Chiropractic Association  
8412 Falls of Neuse Road, Suite 106  
Raleigh, North Carolina 27615  
919.832.0611 (office) • [contact@ncchiro.org](mailto:contact@ncchiro.org) •  
919.832.0612 (fax)

### PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A BINDING CONTRACT.

I, the undersigned, am formally requesting membership in the North Carolina Chiropractic Association. I will read the NCCA Code of Ethics and agree to abide by its dictates. I am fully aware that this contract binds me to membership in the NCCA, and should I want to cancel my membership, I must first inform the NCCA and pay any outstanding balances of money accrued on my account. I am aware that my membership will be activated only after approval from the NCCA Board of Directors. For DC Members: I am licensed as a Doctor of Chiropractic in the state of North Carolina.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_