



MEMBERSHIP APPLICATION

Online Application is available on NCCHIRO.ORG

First Name _____ Last Name _____ Male Female

Date of Birth _____ NC License # _____ In Practice Since (Year) _____

Email (for billing, news, education) _____ Mobile Phone # _____

Practice/Company Name _____ Practice Phone # _____

Mailing Address _____ Practice Fax # _____

Chiropractic College _____ Degree (s) _____

The tax deductible portion of your 2016 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*^ | | \$20 |
| <input type="checkbox"/> Enrolled in CCE approved college | | |
| <input type="checkbox"/> Non-Resident Member*^ | | \$150 |
| <input type="checkbox"/> Licensed DC <u>Living outside of N.C.</u> | | |
| <input type="checkbox"/> Non-Practicing Member*^ | | \$150 |
| <input type="checkbox"/> DC <u>not in practice</u> | | |

* 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, 2016.

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 •
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 _____