



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 Dues schedule for the period of August 1, 2018 through July 31, 2019

(PLEASE CHECK ONE BOX)

| | Annual | Monthly |
|--|--|--|
| Regular Member | \$750.00 \$600.00 if received by 7/20/2018 | \$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 | FREE | |

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.

Member Signature: _____ **Date:** _____

Payment Information

(Please send this page if paying via Credit/Debit Card or Echeck.)

For security purposes, this page will be destroyed after payment information is entered.

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

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: _____

Address: _____ (where statements are received)

I hereby authorize the NCPA to initiate, on or about the 20th 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.

Echeck/Card Holder Signature: _____ **Date:** _____

The portion of dues attributed to lobbying efforts is 32% and is non-deductible for 2018-2019. This is based on the estimated amount of Lobbying Expense for the year ending 7/31/2019.

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

Return completed application and one time \$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 402-934-4744 x217

Roger Rech rrech@ncpa.net 402-934-4744 x216