



Membership Application

Wisconsin Chiropractic Association
2401 American Lane
Madison, WI 53704 :: Call 608-292-1805

Start building your chiropractic success.

Join Now

PROFESSIONAL INFORMATION (Required):

First Name _____ Middle Initial _____ Last Name _____

Clinic Name _____ Owner? Yes No

Clinic Address _____ City _____ St _____ Zip _____

Office Phone _____ Office Fax _____ County _____

Email _____ WI DC License No. _____ Issue Date _____

Chiropractic College _____ Graduation Year _____

PERSONAL INFORMATION (Optional):

Home Address _____ City _____ St _____ Zip _____

Home Phone _____ Cell Phone _____ Date of Birth _____

Membership Options: *Select membership below.*

Yes No I'd like my membership to automatically renew

Years Licensed	Annual Cost	Quarterly Cost
Students	No Cost	No Cost
<input type="checkbox"/> New Doctor of Chiropractic (<1 yr)	No Cost	No Cost
<input type="checkbox"/> DC 1 st Full Year	\$260	\$65
<input type="checkbox"/> DC 2 nd Year DC	\$432	\$108
<input type="checkbox"/> DC 3 rd Year DC	\$584	\$146
<input type="checkbox"/> Doctor of Chiropractic	\$768	\$192
<input type="checkbox"/> DC Spouse (For husband and wife in practice together, 2nd membership is 50% off) Spouse's Name: _____	\$384	Annual Only
<input type="checkbox"/> DC Out of State	\$100	Annual Only
<input type="checkbox"/> DC Semi-Retired (< 20 hrs/wk)	\$384	\$96
<input type="checkbox"/> DC Retired (< 10 hrs/wk)	\$100	Annual Only

CE Discounts for DCs and Staff

WCA Members receive significant discounts on WCA-sponsored Continuing Education Courses. Students and DCs in the first 3 years of practice receive complimentary WCA CE at little to no cost, except for Certification and Diplomate Courses.

WCA Referrals

Were you referred by an existing WCA member? No Yes, Name Below: _____

The WCA Membership Referral Program rewards loyal members for recommending WCA to chiropractic colleagues. There is no limit on new member referrals or incentives!

Acceptance Statement:**** WCA Payment & Renewal Policy ****

I hereby apply for membership of the Wisconsin Chiropractic Association. I understand that my application is subject to approval by the WCA Membership Director, and I will be notified when my application is approved. I agree that if my application is accepted, I will 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.

By becoming a member of the Wisconsin Chiropractic Association, "I agree" to the Payment & Renewal Policy listed above regarding membership with the Wisconsin Chiropractic Association.

Signature _____ Date _____

Join Online at wichiro.org
 Mail: WCA, 2401 American Lane,
 Madison, WI 53704
 Fax: 608-256-7123
 Phone: 608-292-1805
 Email membership@wichiro.org

PAYMENT INFORMATION:

Annual OR Quarterly Payment Credit Card-Visa/MC/Disc/Amex ACH/E-check Bank# _____ Routing # _____

Check Enclosed *Payable to WCA (Option for annual payment only)*

Credit Card # _____ Expiration _____ / _____ CV Code _____

Name on Card _____

Billing Address on Card _____

Quarterly dues payment will be charged to member credit card or ACH/E-Check. If you prefer to mail a check, please pay annual amount.