



# Membership Application

Wisconsin Chiropractic Association  
 2401 American Lane | Madison, WI 53704  
 phone: 608.256.7023 • fax: 608.256.7123 • www.wichiro.org

Name (First, MI, Last) \_\_\_\_\_  
 Preferred Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Office Name \_\_\_\_\_  
 Office Address \_\_\_\_\_ Office Phone \_\_\_\_\_  
 Office City/State/Zip \_\_\_\_\_ Office Fax \_\_\_\_\_  
 Home Address \_\_\_\_\_ County \_\_\_\_\_  
 Home City/State/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 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. Contact the WCA office for more information.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Areas of Interest

*Select areas of interest for more information*

- Assistance from WCA Help Desk
- Business Training & Free CE Classes
- Events: District Meetings & Conventions
- Government Affairs & ChiroStrong
- Insurance: Business Coverages
- Insurance: Health, Vision, Dental, LTD, Life

## WCA Referrals

Were you referred to WCA by an existing member?

- No  Yes, name \_\_\_\_\_

*The WCA membership referral program rewards loyal members for recommending WCA to chiropractic colleagues. There is no limit on new member referrals or incentives!*

## Member Type & Rates

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

Years Licensed	Annual	Quarterly	Monthly	CE Courses
<input type="checkbox"/> Students & <1 yr	No cost	No cost	No cost	No cost CE
<input type="checkbox"/> 1st year	\$260	\$65	\$25	No cost CE
<input type="checkbox"/> 2nd year	\$432	\$108	\$40	No cost CE
<input type="checkbox"/> 3rd year	\$584	\$146	\$55	No cost CE
<input type="checkbox"/> Regular Plus (attend ChiroU)	\$768	\$192		Discounted CE Fall Convention Pass
<input type="checkbox"/> Regular (4 yrs+)	\$768	\$192		Discounted CE
<input type="checkbox"/> Spouse (New!)	\$384	\$96		Discounted CE
<input type="checkbox"/> Semi-Retired	\$384			Discounted CE
<input type="checkbox"/> Retired / Out of State	\$100			Discounted CE

Quarterly or Monthly Dues \$ \_\_\_\_\_ + \$20 App Fee = Total Payment \$ \_\_\_\_\_  
 \$20 App Fee will be charged separately with initial payment

## Payment

Charge Amount \$ \_\_\_\_\_  Visa  Mastercard  AmEx  Discover  Check Payable to WCA

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_

Name on Card \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## Return To

Mail to: Wisconsin Chiropractic Association  
 2401 American Lane • Madison, WI 53704  
 Fax to: 608.256.7123

## Office Use Only

Rates Begin _____	Total Price _____	Status _____
Dues Forecast _____	Check # _____	District _____
Username _____	CC Auth _____	County _____
Password _____	Amount _____	Date _____