



Wisconsin Chiropractic Association

Membership Application

Wisconsin Chiropractic Association

521 East Washington Avenue • Madison, WI 53703

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/ST/Zip _____ Office Fax _____

Home Address _____ County _____

Home City/ST/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 that 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. Please contact the WCA office for more information.)

Signature _____ Date _____

Areas of Interest

Select areas of interest for more information.

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

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 (4yrs+)	\$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 first initial payment

Payment

Charge Amount \$ _____	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> AMX	<input type="checkbox"/> Discover	<input type="checkbox"/> Check Payable to WCA
Credit Card # _____	Expiration _____			Quarterly & Monthly dues payments will be charged to member credit cards. Please inform WCA if you prefer an alternate payment structure.	
Name on Card _____	Sec. Code _____				
Signature _____	Date _____				

Return To



Wisconsin Chiropractic Association

MAIL TO: Wisconsin Chiropractic Association
521 East Washington Avenue, Madison, Wisconsin 53703

FAX TO: 608.256.7123

OFFICE USE ONLY

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