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# MEMBERSHIP APPLICATION

www.kansaschiro.com  
kca@kansaschiro.com

JOIN ONLINE TODAY!



PLEASE

PRINT

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  Male  Female

Office Name: \_\_\_\_\_ County: \_\_\_\_\_

Office Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Office Email Address: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Chiropractic College: \_\_\_\_\_

Anticipated Graduation date (students only): \_\_\_\_\_

Kansas License Issue Date: \_\_\_\_\_ License#: \_\_\_\_\_

Other States in which You're Licensed: \_\_\_\_\_

### Membership Categories

- |   |   |
|---|---|
| <input type="checkbox"/> Student.....Free                         | <input type="checkbox"/> PLUS Membership.....\$1200 |
| <input type="checkbox"/> 1st Year after Kansas License.....\$100  | <input type="checkbox"/> Semi-Retired.....\$200     |
| <input type="checkbox"/> 2 <sup>nd</sup> Year Licensed .....\$300 | <input type="checkbox"/> Retired.....\$50           |
| <input type="checkbox"/> 3 <sup>rd</sup> Year Licensed .....\$300 | <input type="checkbox"/> Out-of-State.....\$100     |
| <input type="checkbox"/> 4th Year Licensed.....\$500              | <input type="checkbox"/> Faculty.....\$200          |
| <input type="checkbox"/> Full Membership .....\$700               |   |

I choose to pay (please check one):  Entire Amount  Semi-Annually  Quarterly  Monthly  
\*\*If paying by check, make payable to KCA

Card Type (please check one):  MC  Visa  American Express  Discover  
Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3-Digit code: \_\_\_\_\_

Account # (for automatic checking withdrawal): \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Bank Routing #: \_\_\_\_\_

Dues payments are not deductible as charitable contributions, but may be deductible as ordinary and necessary business expenses. Up to 50% of your dues may be used for lobbying expenses and will not be tax deductible. Dues must be current to qualify as a member when registering for KCA sponsored events.

"I hereby attest to the accuracy of the foregoing information and agree to abide by the Bylaws, code of Ethics and Chiropractic Statutes of Kansas. I understand any failure by me to remit dues will result in suspension of all rights and privileges, and a loss of membership. I give permission to KCA to communicate with me via email."

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