



MEMBERSHIP APPLICATION

Online Application is available on NCchiro.org

First Name _____ Last Name _____ Male Female

Date of Birth _____ NC License # _____ In Practice Since (Year) _____

Email (for billing, news, education) _____ Cell Phone # _____

Practice/Company Name _____ Practice Phone # _____

Mailing Address _____ Practice Fax # _____

Chiropractic College _____ Degree (s) _____

The tax deductible portion of your annual NCCA dues has been calculated to be 80%. The non-deductible percentage is 20% and relates to our lobbying activities. Please contact your tax attorney and or accountant for clarification. Sources: <http://www.irs.gov/publications/p529/ar02.html> <http://www.irs.gov/publications/p535/11.html>

Select NCCA Membership Level

The NCCA membership year is January 1 through December 31.

Membership Types

	Monthly
<input type="checkbox"/> All-Inclusive NCCA Membership*	\$100
<input type="checkbox"/> DC Member	\$56.67
<input type="checkbox"/> Additional DC in your office	\$43.33
<input type="checkbox"/> Recent Graduate or Newly Licensed DC: 3rd year	\$33.25
	Annually
<input type="checkbox"/> Recent Graduate or Newly Licensed DC: 2nd year	\$149
<input type="checkbox"/> Recent Graduate or Newly Licensed DC: 1st year	\$49
<input type="checkbox"/> Student Member [^] Enrolled in CCE approved college	\$20
<input type="checkbox"/> Non-Resident Member [^] Licensed DC <u>Living outside of N.C.</u>	\$150
<input type="checkbox"/> Non-Practicing Member [^] DC <u>not in practice</u>	\$150

*Includes one free convention, staff membership, and 1 month classified ad posting.

[^] Cannot Vote or Hold Office

Note: Option to pay in full is available for every membership category. Just call us!

Membership Add-on

CA/Staff Membership \$75

Includes staff education, discounts on classes and events, newsletters, and more.

Covers all CAs in one practice location; must be attached to DC membership.

Methods of Payment

- Monthly Payment is automatically taken from your card on the 1st of each month.
- Full Pay full amount now. (12 x the monthly amount)
- Installments Pay amount in installments of your choosing. The full amount must be paid by July 1st, 2020.

Payment Information

Payment Amount \$ _____

Visa MasterCard Discover AMEX

Credit Card # _____ Exp. date _____

Name as it appears on the card _____ Security code _____

Make checks payable to NCCA
 Mail or fax with payment information to:
 North Carolina Chiropractic Association
 8412 Falls of Neuse Road, Suite 106
 Raleigh, North Carolina 27615
 919.832.0611 (office) • contact@ncchiro.org •
 919.832.0612 (fax)

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A BINDING CONTRACT.

I, the undersigned, am formally requesting membership in the North Carolina Chiropractic Association. I will read the NCCA Code of Ethics and agree to abide by its dictates. I am fully aware that this contract binds me to membership in the NCCA, and should I want to cancel my membership, I must first inform the NCCA and pay any outstanding balances of money accrued on my account. I am aware that my membership will be activated only after approval from the NCCA Board of Directors. For DC Members: I am licensed as a Doctor of Chiropractic in the state of North Carolina.

Signature of Applicant _____ Date _____