



Post Office Box 1763
 Columbia, South Carolina 29202
 (803) 772-9376 ~ (803) 252-0589 Fax
scca@capconsc.com ~ www.scchiropractic.org

Application for Membership

Please print or type all information below and return form with payment to address above.

Name _____
First Middle Last Preferred Name

Office Name _____

Mailing Address _____

City/State/Zip _____

Office Phone _____ Fax _____

Email Address _____ Website _____

Cell Phone _____

Home Address _____

City/State/Zip _____

Home Phone _____ Spouse's Name _____

DOB _____ Do you accept Medicaid? _____

Chiropractic College _____ Graduation Date _____

SC License # & Date Issued (DCs only) _____

Date Began Practicing in SC _____ Other State(s) Licensed _____

Techniques _____

Membership Categories and Dues Amounts

Check the appropriate category below and complete the information on the back page of this application.

Payment of first quarter dues must accompany application.

___ Palmetto Club Membership \$1500 Annually

In addition to enjoying the privileges of a regular membership, Palmetto Club members receive complimentary registrations to seminars that the SCCA offers during the year and to the annual convention. Additional benefits are offered on an ongoing basis.

___ Husband/Wife Palmetto Club Membership \$2250 Annually

Active/Regular DC Member

Active/Regular Membership shall be limited to those licensed and practicing in SC. They enjoy all the privileges of membership; annual dues are based on the number of years in practice. Husband/Wife members enjoy all privileges at a reduced rate. (Currently, it is 1 ½ full active member dues).

___ 1st Year (new graduates) \$100 Application Fee

___ 2 Years in practice \$75 quarter/\$300 Annually

___ 3 Years or more in practice \$180 quarter/\$720 Annually

___ Husband/Wife Team \$270 quarter/\$1,080 Annually

___ Faculty \$300 Annually

Shall be limited to those who are employed as full time faculty and practice less than 20 hours per week in an office setting. They enjoy all the privileges of membership and a reduced membership rate.

___ Associate Member \$150 Annually

May be out of state or non-practicing chiropractors in state. They shall enjoy the privileges of active members, but shall not be entitled to vote.

___ Student Member Free

Must be a full time student enrolled in a chiropractic college. Shall enjoy the privileges of membership, but shall not be entitled to vote.

___ Chiropractic Assistant \$30 Annually

Shall enjoy the privileges of membership, but shall not be entitled to vote. The employing chiropractor must be a member of the association in order for membership.

I was referred for membership by (optional) _____
I have ___ / I have not ___ been a member of the SCCA previously.

I hereby attest to the accuracy of the foregoing information, and apply for membership in the South Carolina Chiropractic Association. I agree to comply with the Constitution and Bylaws of the Association. I also understand that the failure to remit dues will result in suspension of all rights and privileges and loss of membership.

I understand that by providing my fax number, email address, and cell phone number I consent to receive faxes, electronic communications, and text messaging sent by or on behalf of the SCCA.

I agree that the SCCA:

___ *may* publish my email address in the SCCA Directory.
___ *may not* publish my email address in the SCCA Directory.

I agree that the SCCA:

___ *may* publish my fax number in the SCCA Directory.
___ *may not* publish my fax number in the SCCA Directory.

I agree that the SCCA:

___ *may* publish my cell phone number in the SCCA Directory.
___ *may not* publish my cell phone number in the SCCA Directory.

Signature _____ Date _____

Method of Payment

The Association accepts checks, Visa, MasterCard, American Express and Discover. If you would like to have your dues charged to a credit card please fill out the information below.

I would like my dues charged on a ___ yearly, ___ quarterly, ___ just this once.

Card Type (*check one*): ___ Visa ___ MasterCard ___ American Express ___ Discover

Account Number _____ Exp. Date _____

Billing Address _____

Billing Zip Code _____ CV # _____

Signature _____ Date _____

PLEASE SEND YOUR FIRST QUARTER PAYMENT AND A PHOTOGRAPH OF YOURSELF WITH YOUR APPLICATION.

MEMBERSHIP IS CONTINUOUS UNLESS CANCELED IN WRITING.