



Unified Virginia Chiropractic Association  
 PO Box 15, Afton, VA 22920  
 Phone 540-932-3100 Fax 540-932-3101  
 Email admin@virginiachiropractic.org  
 Web Site www.virginiachiropractic.org

## 2019 Membership Application

Save time & expand your profile:  
**JOIN ONLINE!**

[www.virginiachiropractic.org](http://www.virginiachiropractic.org)

### PLEASE PRINT OR TYPE

Your Name: \_\_\_\_\_ Office Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ **E-PREFERENCES:**  Use for association business  Include in Find-a-Doc, directory, etc., too  
 Date of Birth: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Techniques/Specialties: \_\_\_\_\_ Referred by (optional): \_\_\_\_\_  
 Chiropractic College: \_\_\_\_\_ Date Licensed in VA: \_\_\_\_\_ VA License #: \_\_\_\_\_ Years in Practice in VA \_\_\_\_\_  
 Committees Interested in Serving On (no obligation):  Membership  Education  Legislative  Insurance  Mentor Program  
 Public Relations/Social Media  Practice Management  Philosophy & Ethics

### CHECK APPLICABLE 2019 MEMBERSHIP CATEGORY

	<u>Quarterly</u>	<u>Yearly</u>		<u>Quarterly</u>	<u>Yearly</u>
<input type="checkbox"/> Student	n/a	\$ 35	<input type="checkbox"/> DC Spouse	50% of 1 <sup>st</sup> DC Rate*	50% of 1 <sup>st</sup> DC Rate*
<input type="checkbox"/> 1 <sup>st</sup> year in VA practice	\$30.00	\$120	<input type="checkbox"/> Out of State DC	\$ 30.00	\$120
<input type="checkbox"/> 2 <sup>nd</sup> year in VA practice	\$77.50	\$310	<input type="checkbox"/> Retired DC	\$ 15.50	\$ 62
<input type="checkbox"/> 3 <sup>rd</sup> year in VA practice	\$107.50	\$430	<input type="checkbox"/> Allied Supplier	\$137.50	\$550
<input type="checkbox"/> 4 <sup>th</sup> year or more	\$137.50	\$550			
<input type="checkbox"/> Premier DC Upgrade	\$350.00	\$1400			

OR just \$116.67 per month! (Monthly option available for Premier DC only)

\* 1<sup>st</sup> DC Rate refers to the higher rate of membership between the spousal partners. The DC spouse member will receive 50% off of this rate. Spouse's Name \_\_\_\_\_

"I hereby attest to the accuracy of the foregoing information. I agree to abide by the Bylaws and Constitution of the Virginia Chiropractic Association. I understand that my failure to remit dues will result in suspension of all rights and privileges and loss of membership." Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT INFORMATION

**EZ-PAY AUTOMATIC DEBIT PROGRAM** -- Allows more resources to go to serving you, rather than admin. No additional fee; cancel or change at any time.

Monthly (Premier DC Only) OR  Quarterly

**Checking** Bank Account Name: \_\_\_\_\_ Account Type:  Personal  Business  
 Account #: \_\_\_\_\_ ABA Routing #: \_\_\_\_\_ [Please enclose a voided check]

**Credit Card**  Visa  MC  Discover  AmEx Acct. #: \_\_\_\_\_ Exp.: \_\_\_\_\_  
 3-4 Digit Auth. # on Back: \_\_\_\_\_ Name on Card: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_

"I authorize the VCA to debit my checking or credit card account as indicated above. I acknowledge the origination of ACH or credit card transactions to my account must comply with the provisions of U.S. law. Said debits shall occur on or about the 1<sup>st</sup> day of the appropriate membership period for the amount of my monthly, quarterly or annual dues payments. Amounts will be adjusted by VCA if I change my VCA membership category or any applied discount expires. I understand this authority is to remain in full force and effect until the VCA has received written notification from me of its termination in such time and manner as to afford the VCA a reasonable opportunity to act on it."

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

### Virginia C-PAC

VOLUNTARY: Please also use the above payment info for a recurring contribution to Virginia's Political Action Committee as follows.

Monthly  Quarterly  Annual Amount: \$ \_\_\_\_\_

### RETURN COMPLETED FORM

Fax to 540-932-3101 or mail to Unified VCA, PO Box 15, Afton, VA 22920.

### IMPORTANT TAX INFORMATION

We estimate that 78% of VCA dues are not deductible as a charitable contribution, but may be deductible as ordinary and necessary business expense. The remaining 22% is allocated to VCA lobbying expenses and is not deductible. Further information should be obtained from your tax advisor.

**QUESTIONS?** Call the UVCA office at 540-932-3100 or e-mail admin@virginiachiropractic.org. **We look forward to serving you!**

(Updated 11-26-18)