

Connecticut Chiropractic Association

2010-2011 Membership Application

I hereby apply for membership in the Connecticut Chiropractic Association, Inc., and enclose a non-refundable remittance of \$100 to cover the application fee, which will be applied toward the annual membership. If accepted to membership, I agree to pay the pro-rated balance of dues for the remainder of the current year for the date of acceptance, within 90 days.

Member Level	Monthly EZ Payment*	Quarterly EZ Payment*	Annual*
<input type="checkbox"/> DC Full Time (5+ yrs)	<input type="checkbox"/> \$ 69 / mo	<input type="checkbox"/> \$ 206 / qtr	<input type="checkbox"/> \$ 824 / yr
<input type="checkbox"/> DC 4 th yr	<input type="checkbox"/> \$ 55 / mo	<input type="checkbox"/> \$ 165 / qtr	<input type="checkbox"/> \$ 660 / yr
<input type="checkbox"/> DC 3 rd yr	<input type="checkbox"/> \$ 27.50 / mo	<input type="checkbox"/> \$ 82.50 / qtr	<input type="checkbox"/> \$ 330 / yr
<input type="checkbox"/> DC 2 nd yr	<input type="checkbox"/> \$ 13.75 / mo	<input type="checkbox"/> \$ 41.25 / qtr	<input type="checkbox"/> \$ 165 / yr
<input type="checkbox"/> DC 1 st yr	<input type="checkbox"/> FREE **	<input type="checkbox"/> FREE**	<input type="checkbox"/> FREE**
<input type="checkbox"/> DC Part Time (<20 hrs/wk)	<input type="checkbox"/> \$ 35 / mo	<input type="checkbox"/> \$ 103 / qtr	<input type="checkbox"/> \$ 412 / yr
<input type="checkbox"/> DC Associate / Out of State	N/A	<input type="checkbox"/> \$ 38 / qtr	<input type="checkbox"/> \$ 250 / yr
<input type="checkbox"/> DC - Fulltime Faculty	N/A	<input type="checkbox"/> \$ 38 / qtr	<input type="checkbox"/> \$ 150 / yr
<input type="checkbox"/> Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$ 25 / yr
<input type="checkbox"/> DC Retired (inactive license)	N/A	N/A	<input type="checkbox"/> \$ 50 / yr

NOTE: "Section 6033 (e) of the Internal Revenue Code requires us to notify you that up to 26 % of your 2009-2010 Annual dues billing is allocable to non-deductible lobbying and political expenses.

Contact Information Please type or print. Please complete application in its entirety.

Professional Information / Office Address:

Name:		Address:	
City:	State:	Zip:	County:
Email:	Website:	Chiropractic College:	
Phone:	Cell:	Fax:	Date of Birth:
Year Graduated:	CT License #:	Year Issued:	Other State Licenses:
How long have you been at this office? _____		Status: <input type="checkbox"/> Owner <input type="checkbox"/> Associate	
Have you ever been charged with or convicted of a felony? Yes _____ No _____			
If yes, please explain (use additional pages if necessary) _____			
Has your chiropractic license ever been investigated, reviewed or suspended in any state? Yes _____ No _____			
If yes, please explain (use additional pages if necessary) _____			
If interested in Serving on CTChiro Committees, please indicate areas of interest: _____			
Referred By:	Date:	Why join at this time?	

Method of Payment *:

<input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card	<input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMX <input type="checkbox"/> Discover	Expiration date: 3-4 digit code on card :
<input type="checkbox"/> Check	Payment by check is reserved for annual dues ONLY. Please make check Payable to CCA.		

The undersigned authorizes CTChiro Association to charge the credit card or debit card specified in the amount indicated above for membership to CCA. Membership automatically renews beyond the first year anniversary (October 1) of agreement unless member provides CCA 30-day notification, in writing, that they want to discontinue cycle billing.

Print Name: _____	Signature: _____	Date: _____
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By signing the Application for Membership, I hereby agree to abide by the CCA by-laws, and also certify that the information provided is accurate and that the applicant: 1) is licensed to practice Chiropractic in the State of CT; 2) his or her license to practice chiropractic is not presently inactive, suspended or revoked; 3) is not in default of any dues owed to the CCA; 4) is not in any violation of any provision of the CCA By-laws, Articles of Incorporation and / or Policy; and 5) has never pleaded guilty, entered a plea of nolo contendere, or has been found guilty by a judge or jury of a felony. If any of the information provided by Applicant is inaccurate, the Applicant agrees and understands that the CCA has the right to revoke Applicant's membership pursuant to the CCA By-Laws.

In addition, I agree to continue my membership based on the incremental guidelines as outlined in the CCA by-laws. In the event I decide to discontinue my membership, I agree to notify the CCA Secretary/Treasurer, in writing within 30 days of my intended termination date, and fulfill any dues obligation on a pro-rated basis.