

Connecticut Chiropractic Association

## 2015-2016 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.

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street Address / PO Box: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_ Fax: # \_\_\_\_\_

Year Graduated: \_\_\_\_\_ College: \_\_\_\_\_

CT License #: \_\_\_\_\_ Year Issued: \_\_\_\_\_ Other State Licenses: \_\_\_\_\_

How long have you been at this office? \_\_\_\_\_ Status:  Owner  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) \_\_\_\_\_

Referred By: \_\_\_\_\_ Date: \_\_\_\_\_ Why join at this time? \_\_\_\_\_

If you are interested in serving on CTChiro Committees, please indicate area(s) of interest: \_\_\_\_\_

**Regarding payment of your 2015-2016 Dues obligations** -- please indicate membership level and desired payment frequency and method below. (\*NOTE: For doctors renewing under "part-time" status, please submit a copy of your malpractice declaration page with your renewal form in order to receive the special rate associated with part-time designation.)

2012-2013 DUES PAYMENTS	FREQUENCY Options - EZ Payment				
MEMBER LEVEL:	MONTHLY	QUARTERLY	ANNUALLY	PAYMENT METHOD:	
<input type="checkbox"/> <b>DC-Full Time</b> (indicate # years below):				<input type="checkbox"/> <b>CHECK</b> - Payment by check is <b>reserved for annual dues ONLY</b> . Please make check payable to CCA .	
<input type="checkbox"/> 5th Year and above	<input type="checkbox"/> \$68.50	<input type="checkbox"/> \$206.00	<input type="checkbox"/> \$824.00	<input type="checkbox"/> <b>DEBIT CARD</b>	<b>SELECT Frequency:</b> <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
<input type="checkbox"/> 4th Year	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$165.00	<input type="checkbox"/> \$660.00	<input type="checkbox"/> <b>CREDIT CARD</b> (indicate type)	
<input type="checkbox"/> 3rd Year	<input type="checkbox"/> \$27.50	<input type="checkbox"/> \$82.50	<input type="checkbox"/> \$330.00	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	
<input type="checkbox"/> 2nd Year	<input type="checkbox"/> \$13.75	<input type="checkbox"/> \$41.25	<input type="checkbox"/> \$165.00	<input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER	
<input type="checkbox"/> 1st Year	FREE	FREE	FREE		
<input type="checkbox"/> <b>DC-Part-Time</b> (<20 hrs/wk)	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$103.00	<input type="checkbox"/> \$412.00	<b>CARD INFORMATION:</b>	
<input type="checkbox"/> <b>DC-Associate / Out of State</b>	<input type="checkbox"/> N/A	<input type="checkbox"/> \$62.50	<input type="checkbox"/> \$250.00	<b>CC#:</b> _____	<b>Exp Date:</b> _____
<input type="checkbox"/> <b>DC-Full Time Faculty</b>	<input type="checkbox"/> N/A	<input type="checkbox"/> \$38.00	<input type="checkbox"/> \$150.00		<b>Sec Code:</b> _____ (3-4 numbers)
<input type="checkbox"/> <b>DC-Retired</b> (inactive license)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$50.00	<b>Name as it appears on the card:</b> _____	
<input type="checkbox"/> <b>Student (one time fee)</b>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> \$75.00	<b>CC Billing Address:</b> _____	
				<b>Street and/or PO Box:</b> _____	

The above 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: \_\_\_\_\_

*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.*