

# ICA Membership Application



PLEASE PRINT OR TYPE

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH YEAR

Office Address\* \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Office Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

Chiropractic College Attended \_\_\_\_\_ Grad. Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH YEAR

Chiropractic licenses held in: \_\_\_\_\_

Engaged in active practice?  Yes  No Former SICA member?  Yes  No Former Field member?  Yes  No

## Membership Categories

### U.S. FIELD MEMBERSHIP

#### First year after graduation

- Former Student ICA member FREE \$ \_\_\_\_\_  
(Upon receipt of graduation date/file update information)
- Non-Student ICA member (\$200 yr. / \$50 qtr.) \$ \_\_\_\_\_

#### Second year after graduation

- Former Student ICA member (\$200 yr. / \$50 qtr.) \$ \_\_\_\_\_
- Non-Student ICA member (\$400 yr. / \$100 qtr.) \$ \_\_\_\_\_

#### Third year after graduation

- Fmr Student ICA member (\$400 yr. / \$100 qtr.) \$ \_\_\_\_\_
- Non-Student ICA member (\$600 yr. / \$150 qtr.) \$ \_\_\_\_\_

#### Fourth year or more after graduation

- (\$150 qtr. / \$600 yr.) \$ \_\_\_\_\_

#### Lifetime Member (U.S.)

- \$5,000 \$ \_\_\_\_\_

### INTERNATIONAL — OUTSIDE U.S.

- \$150 yr. (\$US) Payment may be made by MasterCard/Visa/  
 American Express or International Money Order. Checks drawn on  
 Canadian Banks must have "In US Funds" written after amount.

#### Lifetime Member (International)

- \$1,500 \$ \_\_\_\_\_

### FACULTY — D.C.s (full-time faculty only<sup>†</sup>)

- Voting (\$300 yr. / \$75 qtr.) \$ \_\_\_\_\_
- Non-Voting\*\* (\$110 yr.) \$ \_\_\_\_\_

Teaching at (college): \_\_\_\_\_

### LAY\*\* (must be sponsored by two ICA members)

- Faculty non-D.C. (\$85 yr.) \$ \_\_\_\_\_
- Chiropractic Assistant (\$85 yr.) \$ \_\_\_\_\_
- Interested individual (\$85 yr.) \$ \_\_\_\_\_

- STUDENT\*\* (\$50 one-time fee) \$ \_\_\_\_\_

**TOTAL AMOUNT\*\*** \$ \_\_\_\_\_

I hereby apply for membership in the International Chiropractors Association, agreeing to abide by the Constitution, By-Laws, Code of Ethics, all amendments and regulations adopted by the Board of Directors and Officers of the Association under the provisions of the Constitution, and amendments hereafter legally adopted. I also understand that failure to remit dues will result in loss of membership, and all rights and privileges thereof.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please charge my:  VISA  MasterCard  American Express  Enclosed is my check/money order

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ CC Security Code \_\_\_\_\_

Return application to:



### International Chiropractors Association

1110 North Glebe Road, Suite 650  
 Arlington, VA 22201  
 Phone: 1-800-423-4690 or 1-703-528-5000  
 Fax: (703) 528-5023

\* Unless otherwise requested, correspondence will be sent to your office address.

\*\* Not eligible to vote in ICA elections

† Teaching 8 or more academic hours per week at an accredited chiropractic college.

†† ICA dues are not deductible as a charitable contribution for income tax purposes, but may be deductible as a business expense.