

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 ____ / ____

Chiropractic licenses held in: _____

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

MEMBERSHIP CATEGORIES:

FIELD MEMBERSHIP

First year after graduation

- Former Student ICA member FREE
 (\$50 transfer fee) \$ _____
- Non-Student ICA member (\$85 yr.) \$ _____

Second year after graduation

- Former Student ICA member (\$85 yr.) \$ _____
- Non-Student ICA member (\$75 qtr./\$300 yr.) \$ _____

Third year after graduation

- Fmr Student ICA member (\$75 qtr./\$300 yr.) \$ _____
- Non-Student ICA member (\$150 qtr./\$600 yr.) \$ _____

Fourth year or more after graduation

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

INTERNATIONAL — OUTSIDE U.S.

- \$150 yr. (U.S.) 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. \$ _____

FACULTY — D.C.s (full-time faculty only[†])

- Voting (\$75 qtr./\$300 yr.) \$ _____
- Non-Voting** (\$110 yr.) \$ _____
- Teaching at (school): _____

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

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

Plus \$15 non-refundable application fee \$ 15.00

STUDENT** (\$30 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 _____

Return application to:



INTERNATIONAL CHIROPRACTORS ASSOCIATION

1110 North Glebe Road, Suite 1000 • Arlington, VA 22201
 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.