



# ICA MEMBERSHIP APPLICATION



**ICA Serves Globally with Outreach and Support for Advocacy in Health Care Policy, Public Education & Professional Development.**

### CONTACT INFORMATION:

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

Address :  Home  Office

Address: \_\_\_\_\_ City: \_\_\_\_\_ State or Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  Cell  Office Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Chiropractic College (graduated or attending): \_\_\_\_\_ Graduation Date:\* \_\_\_\_\_ / \_\_\_\_\_  
MONTH YEAR

*\*Students: Enter anticipated graduation date*

### MEMBERSHIP CATEGORY:

	ANNUAL	QUARTERLY	MONTHLY*
Field Dr. US/4+ years after graduation	<input type="checkbox"/> \$660	<input type="checkbox"/> \$165	<input type="checkbox"/> \$55
Field Dr. US/3rd year after graduation	<input type="checkbox"/> \$456	<input type="checkbox"/> \$114	<input type="checkbox"/> \$38
Field Dr. US/2nd year after graduation	<input type="checkbox"/> \$288	<input type="checkbox"/> \$72	<input type="checkbox"/> \$24
Field Dr. US/1st year after graduation (non-former-SICA)	<input type="checkbox"/> \$240	<input type="checkbox"/> \$60	<input type="checkbox"/> \$20
International Membership	<input type="checkbox"/> \$240	<input type="checkbox"/> \$60	<input type="checkbox"/> \$20
Student Membership*	<input type="checkbox"/> \$50	One-time fee includes your first year after graduation.	
US Life Membership	<input type="checkbox"/> \$5,000		
International Life Membership	<input type="checkbox"/> \$1,500		

### Additional Membership Opportunities:

Additional Membership Categories for faculty, retired, disabled, additional family members in the same office, and lay members.

Please visit [chiropractic.org](http://chiropractic.org) or contact the ICA home office for more information.

*\*Auto-debit arrangements are required for monthly dues.*

*\*Students: Forward new contact information after graduation for field member benefits & listing*

### PAYMENT INFORMATION:

I want to set up Auto-Debit

Account # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

### BILLING ADDRESS:

Street Address: \_\_\_\_\_ Country: \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**Join Online at [www.chiropractic.org](http://www.chiropractic.org)!**

Return Application to:

International Chiropractors Association, 6400 Arlington Blvd., Ste. 800, Falls Church, VA 22042  
Phone: 703-528-5000 • Fax: 703-528-5023 • [membership@chiropractic.org](mailto:membership@chiropractic.org)