



Complete and Fax to Secure Fax: 703-528-5023

ICA MEMBERSHIP APPLICATION

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

CONTACT INFORMATION: (PLEASE PRINT)

Date: / / MONTH DAY YEAR

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

Referred by:

*Students: Enter anticipated graduation date

MEMBERSHIP CATEGORY:

Table with columns ANNUAL and QUARTERLY, listing membership categories like Field Dr. US/4+ years, International Membership, and Student Membership with associated fees.

Additional Membership Opportunities:

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

Please visit chiropractic.org or contact the ICA home office for more information.

**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: