



California Chiropractic Association

1451 River Park Drive, Suite 230 • Sacramento, CA 95815 • (916) 648-2727 • FAX (916) 648-2738
Scott Van Horn – Membership Sales Director

CALIFORNIA CHIROPRACTIC ASSOCIATION

Membership Application

Full Name (print) _____
(First) (Middle) (Last)

Office Address _____
(Street) (City) (Zip)

Residence Address _____
(Street) (City) (Zip)

Office Phone (____) _____ Fax (____) _____ Home Phone (____) _____ E-mail _____

Calif. DC License Number _____ Date Licensed ____/____/____ Chiropractic College _____ Mo/Yr Graduated ____/____

Date Began Practicing Chiropractic in California ____/____/____ Date of Birth ____/____/____

Has the State Board of Chiropractic Examiners ever taken any disciplinary actions regarding your license? NO YES

May we fax and e-mail you CCA information on legislation and continuing education seminars? YES NO

I hereby attest to the accuracy of the foregoing information and apply for membership in the California Chiropractic Association and in the component district in my area. I agree to comply with the Bylaws and Code of Ethics of the Association. I also understand that failure to remit dues will result in suspension of all rights and privileges and loss of membership. I understand that my monthly dues statement may include suggested voluntary contributions to the CCA Advertising/Opinion Management Campaign (Media), the California Chiropractic Political Action Committee (CCPAC) and the Californians to Protect Chiropractic Patient Rights (C2PCPR). I PROMISE TO PAY THE ASSOCIATION DUES, DISTRICT DUES AND ANY FUTURE MANDATORY DUES ASSESSMENT.

Signature: _____ Date: _____ Sponsoring CCA Member: _____ (Optional)

Membership Categories and Fees

Dues to California Chiropractic Association and its component districts may be deductible to members for federal income tax purposes as ordinary and necessary business expenses. Dues are not deductible as charitable contributions. Please consult your tax advisor for individual assistance.

Please mark the membership category for which you are applying. If you need assistance, please contact the CCA Member Services Department at (916) 648-2727, ext. 124.

Active (Voting) Membership, based on your month/year of licensure:

- 1st 6 months* of Licensure: Doctor of Chiropractic in California practice, \$5.00/month
- 1st year* (7-12 month) of Licensure: Doctor of Chiropractic in California practice, \$13.25/month
- 2nd year* of Licensure: Doctor of Chiropractic in California practice, \$36/month, \$432/year (Pay 11 mos-\$396 & get the 12th mo free!)
- 3rd year* of Licensure: Doctor of Chiropractic in California practice, \$58/month, \$696/year (Pay 11 mos-\$638 & get the 12th mo free!)
- 4th year* of Licensure (Full Active): Doctor of Chiropractic in California practice, \$76/month, \$912/year* (Pay 11 mos-\$836 & get the 12th mo free!)

- Family:* Immediate family member of a Full Active member and practicing in same office, \$41/month
- Part-Time:* Doctor of Chiropractic in part-time practice (less than 15 hours/week); \$41.00/month, \$450/year
- Retired/Disabled:* Doctor of Chiropractic not practicing, annual dues, \$186/year
- Faculty/Postgraduate:* Doctor of Chiropractic employed as full-time faculty at a Chiropractic college or enrolled in a residency program, annual dues, \$251/year.

Associate (Non-Voting) Membership:

- Out of State:* Doctor of Chiropractic practicing outside of California, annual dues, \$186/year
- New Graduate/Pending Licentiate:* Former CCA student members. Good until licensure or 1 year, whichever occurs first - \$25

- New Graduate/Pending Licentiate:* First time members. Good until licensure or 1 year, whichever occurs first - \$50

***Please send first month's dues or annual dues with completed application. Allow 4 weeks for processing.
If you pay annually or by monthly EFT, you will receive a free CCA Expanded Website Profile – a savings of \$125!***

Check or money order enclosed

Credit Card: Credit Card Number: _____ Expiration Date: _____ Billing Zip Code: _____

Electronic Funds Transfer (EFT) from checking account: Annual \$ _____ or Monthly \$ _____

A voided check or a copy of a check must be returned with this form. Funds are automatically withdrawn and charges are made between the 1st and 20th day of the month.

I authorize the California Chiropractic Association, hereinafter called CCA, to initiate debits (and/or corrections to previous debits) to the financial institution designated above. This authorization will remain in effect until I give written notice to CCA either to change or terminate this authorization. I understand I must notify CCA if I change accounts, expiration date or financial institutions.

Authorized Signature

Date