



CCA Membership Application

Personal Information			
<i>Full Name</i>		<i>Date of Birth</i>	
<i>Work Address</i>			
<i>Work Phone</i>		<i>Mobile</i>	
<i>Email</i>			
<i>Chiropractic College</i>			
<i>CA DC License #</i>		<i>Date Licensed</i>	
Membership Categories and Fees			
<p>Dues to the <i>California Chiropractic Association</i> may be deductible to members for federal income tax purposes as ordinary and necessary business expenses. Dues are not deductible as charitable contributions.</p> <p>Please note your preferred annual membership and dues category below:</p>			
	1st year of Licensure: \$175		
	2nd year of Licensure: \$350		
	3rd year of Licensure: \$525		
	New, Full-Active (<i>have never been a member before</i>): \$599		
	Full-Active (<i>includes part-time & disabled</i>): \$699		
	Family (<i>immediate family member of Full-Active member practicing in same office</i>): \$510		
	Retired Doctor of Chiropractic (<i>not practicing</i>): \$199		
	Faculty: Doctor of Chiropractic (<i>employed as full-time faculty at Chiropractic college</i>): \$225		
	Auxiliary: \$100		
	Professional Affiliate (<i>not a Doctor of Chiropractic</i>): \$500		
	Student: \$20 yr.		
	Student: \$60 / 3 yrs.		
<p>IMPORTANT NOTE: All CCA Memberships shall be valid for one year; yearly dues shall be automatically billed to the credit card provided upon membership acceptance unless other preference is indicated below.</p>			
Billing address:		<i>Card #</i>	<i>Exp. Date:</i>
Or check if same as above:			<i>CVC:</i>
Banking Institution Information			
<i>Account Number</i>		<i>Routing Number</i>	
<input type="checkbox"/> Please process my annual dues on a monthly basis; I understand my yearly dues shall be automatically billed on a monthly basis (plus a \$5 processing fee) to the credit card or banking institution information provided upon membership acceptance.			
<p>I hereby attest to the accuracy of the information provided and apply for membership with the California Chiropractic Association and the corresponding district in my area. I agree to comply with all Bylaws and the CCA Code of Ethics, and I understand that failure to remit membership dues may result in the suspension of all rights and privileges and loss of membership. I understand that my dues may include voluntary contributions to the California Chiropractic Political Action Committee (CCPAC). I agree to pay annual CCA dues.</p>			
<i>Please type your name to serves as your signature:</i>			<i>Date:</i>