

# CHIROPRACTORS ASSOCIATION



# Chiropractic



## ICA MEMBERSHIP APPLICATION

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: \_\_\_\_\_

In active practice?  Yes  No Former SICA member?  Yes  No Former Field member?  Yes  No

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 a 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.

### MEMBERSHIP CATEGORIES:

#### FIELD MEMBERSHIP

##### First year after graduation

- Former Student ICA member (\$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<sup>†</sup>)

- 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<sup>††</sup>** \$ \_\_\_\_\_

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