



VERMONT CHIROPRACTIC ASSOCIATION

30 Lang Drive Essex Junction, VT 05452
Ph.: 802/233-3912 Fax: 802/879-0370 www.vtchiro.org

Membership Application

Please complete the following information.

(Your information is used only for Association membership purposes)

Name			
Practice Name			
Address			
City, State, Zip			
Office Tel:		Office Fax:	
Home Tel:		Cell Phone:	
E-Mail:			
Website:			

Please provide the following information below to help complete our records:

Type of Practice (please check): <input type="checkbox"/> Solo <input type="checkbox"/> Partnership <input type="checkbox"/> Group <input type="checkbox"/> Multi-disciplinary	
Year Licensed in Vermont:	
Vermont License Number:	
Chiropractic School Attended:	
Year Graduated:	First Year in Practice (in any state):
Other State(s) Licensed:	
Professional Certification(s) and Date(s):	
Licensed/Certified/Registered in Other Vermont Health Care Professions:	
Chiropractic Professional Memberships: <input type="checkbox"/> ACA <input type="checkbox"/> ICA <input type="checkbox"/> Other _____	

I am interested in serving the Association and our profession by participating as follows:

- | | |
|---|---|
| <input type="checkbox"/> Officer in Association | <input type="checkbox"/> Continuing Education Committee |
| <input type="checkbox"/> A Delegate for my Area | <input type="checkbox"/> Insurance and Workers Compensation Committee |
| <input type="checkbox"/> Legislative Committee | <input type="checkbox"/> Public Relations Committee |
| <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Liaison on the following subject: _____ |
| <input type="checkbox"/> Sports Council | <input type="checkbox"/> Vermonters for Chiropractic (Political Action Committee) |

See next page for dues/payment information.

ANNUAL MEMBERSHIP INVESTMENT SCHEDULE (Check One)

- | | |
|--|----------------|
| <input type="checkbox"/> Active: Full time practice – 4th year or more | \$75.00/month |
| <input type="checkbox"/> Double Membership: DC and DC spouse, civil union or domestic partner | \$125.00/month |
| <input type="checkbox"/> Annual Benefactor | \$100.00/month |
| <input type="checkbox"/> 1st Year: First year in practice following graduation | \$10.00/month |
| <input type="checkbox"/> 2nd Year: Second year in practice following graduation | \$25.00/month |
| <input type="checkbox"/> 3rd Year: Third year in practice following graduation | \$50.00/month |
| <input type="checkbox"/> Part-time: Practicing 20 hours a week or less | \$50.00/month |
| <input type="checkbox"/> Associate: Out-of-state or non-practicing Vermont-licensed DC | \$75.00/year |
| <input type="checkbox"/> Lifetime: Retired, after 62 years of age | No Fee |
| <input type="checkbox"/> Honorary: Any person by vote of the Association | No Fee |
| <input type="checkbox"/> Student | \$40/year |

PAYMENT OPTIONS (Check One)

- Payment in full by check (Make check payable to Vermont Chiropractic Association)
 Payment in full by credit card *
 Monthly payment by credit card *

Check One: Visa MasterCard American Express

Card #: _____ Expiration Date: _____ SEC: _____

Print Name as it appears on card: _____

Signature: _____ Date: _____

* **NOTE:** By selecting the payment by credit card option, you agree that the VCA may charge your credit card either quarterly or annually until your membership is cancelled in writing. Monthly payments will be processed on or after the 15th of each month.

I apply for membership in the Vermont Chiropractic Association, Inc., a Vermont non-profit corporation, agreeing to abide by its Constitution, Bylaws, Code of Ethics and any rules, regulations, or amendments hereafter adopted by the Board of Directors and the Association membership. I also certify that the information provided on this application is truthful and complete; that I will inform the Association of any changes in contact information or licensure; and I hereby certify that unless I am applying for Lifetime, Honorary, Associate or Affiliate/Vendor Membership, I am licensed in good standing as a Doctor of Chiropractic by the State of Vermont. I understand that failure to remit annual membership dues payments will result in the loss of membership rights and privileges.

Date: _____ Signature: _____

Please return this form with payment to:

Vermont Chiropractic Association
30 Lang Drive
Essex Junction, Vermont 05452
or fax to 802-879-0370

Payments, dues or other contributions to the Vermont Chiropractic Association may be tax deductible as ordinary and necessary business expenses to the extent they are not allocated to lobbying or other nondeductible categories of expense. The VCA estimates that the non-deductible part of your annual membership investment dues is 25% for the 2011-2012 fiscal year.