



MEMBERSHIP APPLICATION

FULL ACTIVE MEMBERSHIP – \$660 Annually/January 1 to December 31

ASSOCIATE – \$100 Annually (Non Voting)

CHIROPRACTIC ASSISTANT – \$60 Annually (Non Voting)

STUDENT – \$25 Annually (Non Voting)

I hereby apply for membership in The Georgia Chiropractic Association, Inc. I understand that my application is subject to membership committee approval and election by the Board of Directors, and that I will be notified of its action.

Name _____ Birthdate _____ Male _____ Female _____
Office Name _____
Office Address _____ City _____ State _____
County _____ Zip _____ Website _____
Office Phone _____ Fax Phone _____ Email address _____
Home Address _____ Home Phone _____
City _____ State _____ County _____ Zip _____
List email for patients on GCA website? Yes _____ No _____
Chiropractic College Attended _____ Year of Graduation _____ GA License No. _____ Date Issued _____
Other degrees held/where obtained _____ Chiropractic licenses held in other states _____
List other professional association memberships _____
Techniques used in practice _____
How many years in Practice _____

I do hereby agree to abide by and uphold Bylaws and Code of Ethics of the Association. I also understand that failure to remit dues will result in loss of membership and all rights and privileges thereof. Membership includes all rights and privileges as provided in the Bylaws.

Signature of Applicant _____ Date _____ Referred By (Not required) _____

Check One:

FULL ACTIVE MEMBERSHIP

- ☐ **Regular** \$660 (Discount if paid in full \$575 • **Monthly by credit card or Bank Draft \$55**)
- ☐ **Spouse** of Full Active Member, Practicing in same office \$330 (Discount if paid in full \$287.50 • **Monthly by credit card or Bank Draft \$27.50**)
- ☐ **Over Age 65** \$330 (Discount if paid in full \$287.50 • **Monthly by credit card or Bank Draft \$27.50**)
- ☐ **Over Age 65 and Retired** \$165 (Discount if paid in full \$143.75 • **Monthly by credit card or Bank Draft \$13.75**)
- ☐ **New Graduates First Year Licensed** Free • Application Fee of \$100
- ☐ **Second Year Licensed**...one half dues \$330 (Discount if paid in full \$287.50 • **Monthly by credit card or Bank Draft \$27.50**)
- ☐ **ASSOCIATE MEMBERSHIP** (non-voting) \$100 (Residing outside Georgia or not practicing in Georgia - requires annual Board Approval)
- ☐ **LIFE UNIVERSITY** Full Time Faculty (non-voting) \$100
- ☐ **CHIROPRACTIC ASSISTANT** (non-voting) \$60 (**Monthly by credit card or Bank Draft \$10**)
- ☐ **STUDENT MEMBERSHIP** (non-voting) \$25

Please charge my: ☐ Visa ☐ Master Card ☐ AmEx ☐ Discover

Account No. _____ Exp. Date _____ Security Code _____

Card is listed in the name of _____ Card Statement Address _____

Amount of charge _____ Signature _____

Make Check Payable to: GEORGIA CHIROPRACTIC ASSOCIATION, INC.

Mail or Fax to: 1926 Northlake Pkwy, Ste 201, Tucker, GA 30084-7069 • P: 770.723.1100 • F: 770.723.1722