



Unified Virginia Chiropractic Association
 PO Box 15, Afton, VA 22920
 Phone 540-932-3100 Fax 540-932-3101
 Email vcacentral@hughes.net
 Web Site www.virginiachiropractic.org

2016 Membership Application

Save time & expand your profile:
JOIN ONLINE!

www.virginiachiropractic.org

PLEASE PRINT OR TYPE

Your Name: _____ Office Name: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Office Phone: _____ Fax: _____ Website Address: _____
 E-mail: _____ **E-PREFERENCES:** (Y / N) Assn business use (Y / N) Include in find-a-doc & directory
 Home Address: _____ Home Phone: _____
 Techniques/Specialties: _____ Referred by (optional): _____
 Chiropractic College: _____ Date Licensed in VA: _____ VA License #: _____ Years in Practice in VA _____
 Committees Interested in Serving On (no obligation):
 ___ Membership ___ Education ___ Legislative ___ Insurance ___ Mentor Program
 ___ Public Relations/Social Media ___ Practice Management ___ Philosophy & Ethics

CHECK APPLICABLE 2016 MEMBERSHIP CATEGORY

	<u>Quarterly</u>	<u>Yearly</u>		<u>Quarterly</u>	<u>Yearly</u>
___ Student	n/a	\$ 35	___ DC Spouse	50% of 1 st DC Rate*	50% of 1 st DC Rate*
___ 1 st year in VA practice	\$26.25	\$105	___ Out of State DC	\$ 26.25	\$105
___ 2 nd year in VA practice	\$66.25	\$265	___ Retired DC	\$ 13.25	\$ 53
___ 3 rd year in VA practice	\$92.50	\$370	___ Allied Supplier	\$118.75	\$475
___ 4 th year or more	\$118.75	\$475			
___ Premier DC Upgrade	\$312.50	\$1250			

OR just \$104.17 per month! (Monthly option available for Premier DC only)

* 1st DC Rate refers to the higher rate of membership between the spousal partners. The DC spouse member will receive 50% off of this rate. Spouse's Name _____

"I hereby attest to the accuracy of the foregoing information. I agree to abide by the Bylaws and Constitution of the Virginia Chiropractic Association. I understand that my failure to remit dues will result in suspension of all rights and privileges and loss of membership." Signature: _____ Date: _____

___ Voluntary Contribution to Virginia C-PAC of \$ _____ (Please indicate amount)
 ___ Voluntary Contribution to the VCA Legal/Legislative Fund of \$ _____ (Please indicate amount)

CHOOSE FROM 2 PAYMENT OPTIONS

1. **EZ-PAY AUTOMATIC DEBIT PROGRAM** -- Allows more resources to go to serving you, rather than admin. No additional fee!

Monthly (Premier DC Only) **Quarterly** **Annual** **EASIEST ON YOUR WALLET; CANCEL AT ANY TIME**

Checking Bank Account Name: _____ Account Type: Personal Business
 Account #: _____ ABA Routing #: _____ [Please enclose a voided check]

Credit Card Visa MC Discover Acct. #: _____ Exp.: _____
 3 Digit Auth. # on Back: _____ Name on Card: _____
 Billing Address: _____

"I authorize the VCA to debit my checking or credit card account as indicated above. I acknowledge the origination of ACH or credit card transactions to my account must comply with the provisions of U.S. law. Said debits shall occur on or about the 1st day of the appropriate membership period for the amount of my monthly, quarterly or annual dues payments. Amounts will be adjusted by VCA if I change my VCA membership category or any applied discount expires. I understand this authority is to remain in full force and effect until the VCA has received written notification from me of its termination in such time and manner as to afford the VCA a reasonable opportunity to act on it."
 Signature: _____ Date: _____

2. **SINGLE PAYMENT** — You will be billed for renewal each year.

Check Enclosed Payable to VCA

Charge to: Visa MC Discover Acct. #: _____ Exp.: _____
 3 Digit Auth. # on Back: _____ Name on Card: _____
 Billing Address: _____

RETURN COMPLETED FORM

Fax to 540-932-3101 or mail to Unified VCA, PO Box 15, Afton, VA 22920.

IMPORTANT TAX INFORMATION

We estimate that 78% of VCA dues are not deductible as a charitable contribution, but may be deductible as ordinary and necessary business expense. The remaining 22% is allocated to VCA lobbying expenses and is not deductible. Further information should be obtained from your tax advisor.

QUESTIONS? Call the Unified VCA office at 540-932-3100 or e-mail vcacentral@hughes.net. **We look forward to serving you!**