



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

## 2012 Membership Application

### PLEASE PRINT OR TYPE

Your Name: \_\_\_\_\_ Office Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ E-PREFERENCE(S):  Assn business use  Include w/find-a-doc & directory listings  
 If you would like your web site included with your Unified VCA listings, note address here: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Techniques/Specialties: \_\_\_\_\_ Referred by (optional): \_\_\_\_\_  
 Chiropractic College: \_\_\_\_\_ Date Licensed in VA: \_\_\_\_\_ VA License #: \_\_\_\_\_  
 Committees Interested in Serving On (no obligation):  Membership  Education  Legislative  Insurance  Mentor Program  
 Public Relations/Social Media  Practice Management  Philosophy & Ethics

### CHECK APPLICABLE 2012 MEMBERSHIP CATEGORY

	<u>Quarterly</u>	<u>Yearly</u>		<u>Quarterly</u>	<u>Yearly</u>
<input type="checkbox"/> Student	n/a	\$ 35	<input type="checkbox"/> DC Spouse	50% of 1 <sup>st</sup> DC's rate	50% of 1 <sup>st</sup> DC's rate
<input type="checkbox"/> 1 <sup>st</sup> year after VA licensure	\$25	\$100	<input type="checkbox"/> Out of State DC	\$ 25	\$100
<input type="checkbox"/> 2 <sup>nd</sup> year after VA licensure	\$62.50	\$250	<input type="checkbox"/> Retired DC	\$ 12.50	\$ 50
<input type="checkbox"/> 3 <sup>rd</sup> year after VA licensure	\$87.50	\$350	<input type="checkbox"/> Allied Supplier	\$112.50	\$450
<input type="checkbox"/> 4 <sup>th</sup> year and over	\$112.50	\$450			
<input type="checkbox"/> Premier DC Upgrade	\$300	\$1200			

OR just \$100 per month! (Monthly option available for Premier DC only)

"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 Membership in the VCA Auxiliary @ \$15/year for following family/staff member: \_\_\_\_\_

### 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 Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_  
 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 initiate on or about the 15<sup>th</sup> of the month preceding the appropriate membership period debit entries to my checking or cc account per above. I authorize the depository institution named above to debit same from my account. Said debits shall be for the amount of my monthly, quarterly or annual dues payments. Amount will be adjusted by VCA if I change my VCA membership category or any applied discount expires. This agreement will remain in effect unless I notify VCA in writing to cancel 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 68% of VCA dues are not deductible as a charitable contribution, but may be deductible as ordinary and necessary business expense. The remaining 32% is allowable 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!**