



PO Box 15, Afton, VA 22920
 Phone 540-932-3100 Fax 540-932-3101
 Email admin@virginiachiropractic.org
 Web Site www.virginiachiropractic.org

2023 Membership Application

Save time & expand your profile:
JOIN ONLINE!

<https://www.virginiachiropractic.org/membership>

PLEASE PRINT OR TYPE

Your Name: _____ Office Name: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Office Phone: _____ Fax: _____ Website Address: _____
 Email: _____ **E-PREFERENCES:** Use for association business Include in Find-a-Doc, directory, etc., too
 Cell: _____ May we text you with relevant UVCA Information? Yes No Date of Birth (optional): _____
 Home Address: _____ Home Phone: _____
 Techniques/Specialties: _____ Referred by (optional): _____
 Chiropractic College: _____ Year Graduated from Chiropractic College: _____ Date Licensed in VA: _____
 VA License #: _____ Years in Practice in VA _____
 Committees Interested in Serving On (no obligation): Membership Education Legislative Insurance
 Public Relations/Social Media Practice Management Philosophy & Ethics

CHECK APPLICABLE 2023 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 st DC Rate*	50% of 1 st DC Rate*
<input type="checkbox"/> 1 st year in VA practice	\$30.00	\$120	<input type="checkbox"/> Out of State DC	\$ 30.00	\$120
<input type="checkbox"/> 2 nd year in VA practice	\$77.50	\$310	<input type="checkbox"/> Retired DC	\$ 15.50	\$ 62
<input type="checkbox"/> 3 rd year in VA practice	\$107.50	\$430	<input type="checkbox"/> Allied Supplier	\$137.50	\$550
<input type="checkbox"/> 4 th year or more	\$137.50	\$550			
<input type="checkbox"/> Premier DC Upgrade	\$350.00	\$1400			

OR just \$116.67 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: _____

PAYMENT INFORMATION

EZ-PAY AUTOMATIC DEBIT PROGRAM -- Allows more resources to go to serving you, rather than admin. No additional fee; cancel or change at any time.

Monthly (Premier DC Only) OR Quarterly

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

Credit Card Visa MC Discover AmEx Acct. #: _____ Exp.: _____
 3-4 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: _____

Virginia C-PAC

VOLUNTARY: Please also use the above payment info for a recurring contribution to Virginia's Political Action Committee as follows.

Monthly Quarterly Annual Amount: \$ _____

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 88% of VCA dues are not deductible as a charitable contribution; but may be deductible as ordinary and necessary business expense. The remaining 12% is allocated to VCA lobbying expenses and is not deductible. Further information should be obtained from your tax advisor.

QUESTIONS? Call the UVCA office at 540-932-3100 or e-mail admin@virginiachiropractic.org. **We look forward to serving you!**

(Updated 11-21-22)