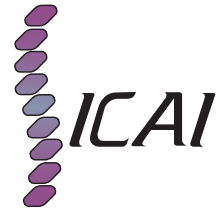


# 2010 MEMBERSHIP APPLICATION



## STEP 1 COMPLETE YOUR MEMBERSHIP APPLICATION

MEMBERSHIP <input type="checkbox"/> New <input type="checkbox"/> Renewing		MAIL PREFERENCE <input type="checkbox"/> Home <input type="checkbox"/> Work	
PREFIX <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		INDIANA LICENSE NUMBER	
CONTACT INFORMATION	FIRST	MIDDLE INITIAL	LAST
	HOME ADDRESS	COMPANY/PRACTICE NAME	
	CITY	OFFICE ADDRESS	
	STATE/ZIP	CITY	
	HOME NUMBER	STATE/ZIP	
	EMAIL	OFFICE NUMBER	
		OFFICE FAX	
OFFICE EMAIL			
LICENSES HELD IN OTHER STATES		YEAR STARTED PRACTICE	

## STEP 2 SELECT YOUR MEMBERSHIP TYPE

- FULL MEMBER -- \$300 (early bird rate of \$250 if paid in full by 1-31-2010)  
**Installment Arrangements Credit Card Option Only:**
  - FULL MEMBER MONTHLY INSTALLMENT – 12 monthly payments of \$25
  - FULL MEMBER QUARTERLY INSTALLMENT – 4 quarterly payments of \$75
- 1<sup>st</sup> YEAR IN PRACTICE -- \$75
- 2<sup>nd</sup> YEAR IN PRACTICE -- \$125
- RETIRED MEMBER -- \$50
- OUT OF STATE MEMBER -- \$55
- STUDENT MEMBER – FREE

## STEP 3 CERTIFICATION

*In applying for membership I recognize that the purpose of the International Chiropractors Association of Indiana as a Subluxation Based Chiropractic Association is to: Promote the practice of chiropractic in Indiana as the philosophy, science and art which utilizes the inherent recuperative powers of the body through spinal adjustments and the relationship between the musculo-skeletal structures of the body, particularly of the spinal column and the nervous system in the restoration and maintenance of health. I certify that my license is in good standing and that I have never had my license suspended or revoked.*

SIGN HERE

## STEP 4 PAYMENT INFORMATION

- I am adding an optional contribution to the Chiro-PAC in the amount of \$ \_120\_ to my total. Please deduct \$10 a month from my card.
- Enclosed is a \$\_\_\_\_\_ donation to the Chiro-PAC.
- Enclosed is check # \_\_\_\_\_ payable to ICAI
- I authorize ICAI to charge my credit card  
 (NOTE: An \$8 fee is added to credit card transactions to cover processing fees)

Card #: \_\_\_\_\_  
 Exp. Date: \_\_\_\_ / \_\_\_\_

## STEP 5 COMPLETE YOUR APPLICATION

MAIL COMPLETED APPLICATION FORM WITH PAYMENT TO:

**INTERNATIONAL CHIROPRACTORS ASSOCIATION OF INDIANA  
 1108 INDIANA AVE. - LAPORTE, IN 46350**

**PHONE: 888-569-3990 (toll free)  
 765-569-3722 (local)**

**FAX: 765-569-3362 (credit card purchases only)**

The International Chiropractic Association of Indiana, Inc. (ICAI) is a 501(c)(6) organization formed to promote and to protect the interests and the general welfare of the duly licensed chiropractors in the State of Indiana. ICAI also enhances the chiropractic profession through organized leadership and advancement of the chiropractic profession. For income tax purposes, member dues paid to ICAI are deductible as a business expense. However, ICAI estimates that 20% of all dues paid to ICAI are utilized for nondeductible lobbying expenditures. All members are advised that this percentage of dues paid to ICAI is nondeductible for income tax purposes. Please consult your tax advisor with questions.