

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 -- \$250
Installment Arrangements Credit Card Option Only:
- FULL MEMBER MONTHLY INSTALLMENT – 12 monthly payments of \$22
- FULL MEMBER QUARTERLY INSTALLMENT – 4 quarterly payments of \$66

- 1st YEAR IN PRACTICE -- \$75
- 2nd 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)

DATE _____

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 in the current tax year is nondeductible for income tax purposes. Please consult your tax advisor with questions.