

2012 ICAI Membership Application

1. Complete your membership application below:

Contact Information	Last Name:	First:	Middle Initial:	
	Prefix: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	Indiana License No.:		
	Membership: <input type="checkbox"/> New <input type="checkbox"/> Renewing	Mail Preference: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Email		
	Home Address:	Company/Practice Name:		
	City:	Office Address:		
	State	Zip:	City:	
	Home Telephone:	State:	Zip:	
	Office Email:	Office Telephone:		
	Home Email:	Office FAX:		
	Licenses held in other states:	Year started practice		

2. Select your membership type:

Full Member: \$300 (Early Bird rate of \$250 if paid in full by 1/31/12)

Installment Arrangements Credit Card Option Only:

Full Member Monthly Installment (12 monthly installments of \$25)

Full Member Quarterly Installment (4 quarterly installments of \$75)

1st Year In Practice: \$75

2nd Year In Practice: \$125

Retired Member: \$50

Out of State Member: \$55

Student Member: [FREE](#)



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 musculoskeletal 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 _____

4. Payment Information:

I am adding an optional contribution to the Chiro-PAC in the amount of \$120. Please deduct \$10 a month from my credit card.

Enclosed is a \$ _____ donation to the Chiro-PAC.

Enclosed is a check # _____ payable to Chiro-PAC.

I authorize ICAI to charge my credit card: (Please NOTE that \$8 fee is added to credit card transactions to cover processing.)

Credit Card Number _____ Expiration Date _____

5. Complete your application by Mailing or Faxing the completed form to:

International Chiropractors Association of Indiana

1108 Indiana Ave., La Porte, IN 46350

Phone: 888-569-3990 Toll Free or 765-569-3722 Local or 765-569-3362 FAX (Credit card purchases only)

The International Chiropractor 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.