

INTERNATIONAL CHIROPRACTORS ASSOCIATION OF CALIFORNIA

APPLICATION FOR MEMBERSHIP

DATE _____

NAME (Please Print or Type) - Last		First		Middle Int.	
ADDRESS <input type="checkbox"/> Office <input type="checkbox"/> Home		Suite/Apt.	City	State CA	Zip Code
EMAIL		OFFICE Telephone	CELL Phone	FAX Number	
CHIROPRACTIC LICENSE NUMBER (CA)		DATE OF CALIFORNIA LICENSE		<input type="checkbox"/> FULL - Time Practice <input type="checkbox"/> PART - Time Practice	

EDUCATIONAL BACKGROUND

FROM WHICH CHIROPRACTIC COLLEGE DID OR WILL YOU GRADUATE?	Month/Year Graduated
OTHER POSTGRADUATE DEGREES (i.e.: BA, MS, PhD, DIPLOMATE)	Month/Year

DUES

ARE YOU NOW AN ICA MEMBER? <input type="checkbox"/> Yes <input type="checkbox"/> No	NOTE: Membership in ICAC does not make you a member of ICA. Membership in ICA does not make you a member of ICAC. ICA and ICAC are independent of each other.
<input type="checkbox"/> Student & First, Second, and Third Year following Licensure	\$ 195 Total
<input type="checkbox"/> Fourth Year following Licensure	495/Yr 49/Mo
<input type="checkbox"/> ICAC for Life – Lifetime membership	3000/Total
<input type="checkbox"/> Associate Member - <i>Non-practicing, non-voting DCs (includes college non-D.C. faculty)</i>	75/Year
<input type="checkbox"/> Member ICAC Legal Action Committee (LAC)	\$ <input type="checkbox"/> 10 <input type="checkbox"/> .25/Mo
<input type="checkbox"/> Member ICAC Political Action Committee (PAC)	<input type="checkbox"/> 10 <input type="checkbox"/> .25/Mo

SINGLE PAYMENTS (SEE REVERSE FOR DISCOUNTS)

Single Payment: <input type="checkbox"/> 1 Year <input type="checkbox"/> ½ Year <input type="checkbox"/> 1 Quarter <input type="checkbox"/> Lifetime	*NOTE: Students thru 3 rd year licensure - one time fee paid in full on submission of application.
<input type="checkbox"/> Check Enclosed <input type="checkbox"/> Pay future dues by invoice	
<input type="checkbox"/> Please Charge to my: <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> America Express	To apply for <u>discount</u> , complete the form on the reverse side.
Complete this section ONLY if paying by credit card.	CREDIT CARD ACCOUNT NUMBER
	EXPIRES
CREDIT CARD BILLING ADDRESS - Number & Street	City
	State
	ZIP Code
NAME (As it appears on credit card)	AUTHORIZED SIGNATURE X

LEGISLATIVE DISTRICT DIRECTOR

YES, I'll serve as a Legislative District Director (LDD), willing to write my legislators on issues important to the chiropractic profession. I understand that this is voluntary - at no additional costs to me.

AGREEMENT

I hereby agree to the ICAC Bylaws and Code of Ethics, as adopted, and as may be adopted from time to time by the ICAC Board of Directors.	APPLICANT'S SIGNATURE X
ICAC SPONSORING MEMBER (IF APPLICABLE) James E. Musick, D.C., QME	FOR OFFICE USE ONLY

Mail to:

ICAC Membership
9700 Business Park Drive, Suite # 200
Sacramento, CA 95827-1717

Date Received	Fee Received \$
Payment Via <input type="checkbox"/> Check #: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> ATM	
MEMBERSHIP PACKET SENT ON	BY

INTERNATIONAL CHIROPRACTORS ASSOCIATION OF CALIFORNIA

DIRECT PAYMENT AUTHORIZATION

and Agreement for \$100 per Year Reduction in Dues

DATE

I hereby authorize the International Chiropractors Association of California (ICAC) to initiate debits or credits to my credit card account as authorized on my ICAC Application for Membership. By signing this agreement, I understand that I am receiving a \$100 per year reduction in dues.

PRE-PAID FULL ONE YEAR DUES PAYMENT

<input type="checkbox"/>	Application Fee (onetime payment - nonrefundable)	\$	Waived
<input type="checkbox"/>	Student through Third Year following licensure - onetime payment		195
<input type="checkbox"/>	Fourth Year following Licensure – automatic renewal		395
<input type="checkbox"/>	Lifetime Dues – onetime payment		3000

AUTOMATIC MONTHLY DEBIT OR CREDIT CARD (\$120/YR OFF MONTHLY FEES)

<input type="checkbox"/>	Fourth Year Following Licensure	\$	39/Mo
<input type="checkbox"/>	ICAC Legal Action Committee (LAC)*		<input type="checkbox"/> 10 <input type="checkbox"/> .25/Mo
<input type="checkbox"/>	ICAC Political Action Committee (PAC)* - must sign below		<input type="checkbox"/> 10 <input type="checkbox"/> .25/Mo

TORCH BEARER CONTRIBUTIONS *(ICAC LAC AND PAC CONTRIBUTORS)

In addition to any debit or credit card above, I authorize the ICAC to debit my account to the ICAC Political Action Committee (PAC)**.

Signature

**IMPORTANT NOTICE for PAC CONTRIBUTIONS

Contributions are not deductible for federal income tax purposes. Federal law prohibits corporate and foreign national contributions. Contributions to the political action committee are voluntary and will be used for political purposes.

FEDERAL LAW REQUIRES THAT YOU VERIFY THE FOLLOWING STATEMENTS ARE TRUE AND ACCURATE BY CHECKING THE BOX BELOW.

I certify that I am making this contribution using my own funds and will not be reimbursed by a corporation. I further certify that I am a U.S. Citizen, and that I am not making this contribution using a corporate credit card.

METHOD OF PAYMENT

<input type="checkbox"/> Check Enclosed (One time payment)	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover Card	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express	Monthly Payment on: <input type="checkbox"/> 21 st of each month
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I authorize the ICAC to debit my account each month for the agreed upon payment amount and on the same date each month thereafter, until canceled as stated below.

I authorize the bank or credit card company to make payment on my behalf to the ICAC. I understand that I am in full control of my payment. I can stop this automatic direct payment at any time by writing or calling the ICAC.

I have read, understand, and agree with the terms of this form.

Signature: _____ Date: _____