

Georgia Chiropractic Association

MEMBERSHIP APPLICATION

FULL ACTIVE MEMBERSHIP

\$660 Annually/January 1 to December 31

ASSOCIATE

\$100 Annually (Non Voting)

CHIROPRACTIC ASSISTANT

\$60 Annually (Non Voting)

STUDENT

\$25 Annually (Non Voting)

I hereby apply for membership in *The Georgia Chiropractic Association, Inc.* I understand that my application is subject to membership committee approval and election by the Board of Directors, and that I will be notified of its action.

(PLEASE PRINT OR TYPE)

Name _____ Birthdate _____ Male _____ Female _____

(Please print name as you wish to be listed in Membership Directory)

Home Address _____

Office Name _____

Apartment/Suite _____

Office Address _____

City _____ State _____

City _____ State _____

County _____ Zip _____

County _____ Zip _____

Home Phone () _____

Office Phone () _____ Fax Phone () _____

EMail address _____

Web Site _____

List email for patients on GCA web site? Yes _____ No _____

Chiropractic College Attended _____ Year of Graduation _____ GA License No. _____ Date Issued _____

Other degrees held/Where obtained _____

Chiropractic licenses held in states other than Georgia _____

List other professional association memberships _____

Techniques used in practice _____

How many years in Practice _____ Locations other than above (list on the back - each separate location will be listed on the GCA web site -

www.gachiro.org _____

I do hereby agree to abide by and uphold Bylaws and Code of Ethics of the Association. I also understand that failure to remit dues will result in loss of membership and all rights and privileges thereof. Membership includes all rights and privileges as provided in the Bylaws.

Signature of Applicant _____ Date _____

Referred By (Not required) _____

Circle One:

FULL ACTIVE MEMBERSHIP

Regular

\$660

Discount if paid in full \$575

Monthly by credit card or Bank Draft \$55

Spouse of Full Active Member, Practicing in same office

\$330

Discount if paid in full \$247.50

Monthly by credit card or Bank Draft \$27.50

Over Age 65

\$330

Discount if paid in full \$247.50

Monthly by credit card or Bank Draft \$27.50

Over Age 65 and Retired

\$165

Discount if paid in full \$143.75

Monthly by credit card or Bank Draft \$13.75

New Graduates First Year Licensed

Free

Application Fee of \$100

Second Year Licensed...One half dues

\$330

Discount if paid in full \$247.50

Monthly by credit card or Bank Draft \$27.50

ASSOCIATE MEMBERSHIP (non-voting)

\$100

(Residing outside Georgia or not practicing in Georgia - requires annual Board Approval)

LIFE UNIVERSITY Full Time Faculty (non-voting)

\$100

CHIROPRACTIC ASSISTANT (non-voting)

\$60

Monthly by credit card or Bank Draft \$10

STUDENT MEMBERSHIP (non-voting)

\$25

Please charge my:

___ Visa ___ Master Card ___ AX ___ Discover Account No. _____ Exp. Date _____

Card is listed in the name of _____ Zip Code on Statement _____

Amount of charge _____ Signature _____

Make Check Payable to: **GEORGIA CHIROPRACTIC ASSOCIATION, INC.**

mail to: 1926 Northlake Pkwy, Ste 201, Tucker, GA 30084-7069 Phone 770-723-1100 Fax 770-723-1722