



ICA MEMBERSHIP APPLICATION



ICA Serves Globally with Outreach and Support for Advocacy in Health Care Policy, Public Education & Professional Development.

CONTACT INFORMATION:

Name: _____ Date of Birth: _____ / _____ / _____
MONTH DAY YEAR

Address is: Home Office

Address: _____ Phone: _____ Fax: _____

City: _____ State or Province: _____ Zip/Postal Code: _____ Country: _____

Cell Phone: _____ E-Mail: _____ Website: _____

Chiropractic College (graduated or attending): _____ Graduation Date:* _____ / _____
MONTH YEAR

**Students: Enter anticipated graduation date*

MEMBERSHIP CATEGORY:

| | ANNUAL | QUARTERLY | MONTHLY* |
|---|----------------------------------|---|-------------------------------|
| Field Dr. US/4+ years after graduation | <input type="checkbox"/> \$660 | <input type="checkbox"/> \$165 | <input type="checkbox"/> \$55 |
| Field Dr. US/3rd year after graduation | <input type="checkbox"/> \$456 | <input type="checkbox"/> \$114 | <input type="checkbox"/> \$38 |
| Field Dr. US/2nd year after graduation | <input type="checkbox"/> \$288 | <input type="checkbox"/> \$72 | <input type="checkbox"/> \$24 |
| Field Dr. US/1st year after graduation (non-former-SICA) | <input type="checkbox"/> \$240 | <input type="checkbox"/> \$60 | <input type="checkbox"/> \$20 |
| International Membership | <input type="checkbox"/> \$240 | <input type="checkbox"/> \$60 | <input type="checkbox"/> \$20 |
| Student Membership* | <input type="checkbox"/> \$50 | One-time fee plus your first year after graduation. | |
| US Life Membership | <input type="checkbox"/> \$5,000 | | |
| International Life Membership | <input type="checkbox"/> \$1,500 | | |

Additional Membership Opportunities:

Additional Membership Categories for faculty, retired, disabled, additional family members in the same office, and lay members are also available!

Please visit **chiropractic.org** or contact the ICA home office for more information.

**Auto-debit arrangements are required for monthly dues.*

**Students: forward new contact information after graduation for field member benefits & listing*

PAYMENT INFORMATION:

Please charge my credit card this amount: _____ I want to set up Auto-Debit Check attached for: _____

Account # _____ Exp. Date: _____ Sec. Code: _____

BILLING ADDRESS:

Street Address: _____ Country: _____

City: _____ State or Province: _____ Zip/Postal Code: _____

Phone: _____ Signature: _____

Join Online at chiropractic.org

Return Application to:

International Chiropractors Association, 6400 Arlington Blvd., Ste. 800, Falls Church, VA 22042
Phone: 703-528-5000 • Fax: 703-528-5023 • chiro@chiropractic.org