



CALIFORNIA  
CHIROPRACTIC  
ASSOCIATION

Scott Van Horn – Membership Sales Director

# California Chiropractic Association

1451 River Park Drive, Suite 230 • Sacramento, CA 95815 • (916) 648-2727 • FAX (916) 648-2738

## Application For Membership

Full Name (print) \_\_\_\_\_  
(First) (Middle) (Last)

Office Address \_\_\_\_\_  
(Street) (City) (Zip)

Residence Address \_\_\_\_\_  
(Street) (City) (Zip)

Office Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Calif. DC License Number \_\_\_\_\_ Date Licensed \_\_\_\_/\_\_\_\_/\_\_\_\_ Chiropractic College \_\_\_\_\_ Mo/Yr Graduated \_\_\_\_/\_\_\_\_

Date Began Practicing Chiropractic in California \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Has the State Board of Chiropractic Examiners ever taken any disciplinary actions regarding your license? NO YES

May we fax and e-mail you CCA information on legislation and continuing education seminars? YES NO

*I hereby attest to the accuracy of the foregoing information and apply for membership in the California Chiropractic Association and in the component district in my area. I agree to comply with the Bylaws and Code of Ethics of the Association. I also understand that failure to remit dues will result in suspension of all rights and privileges and loss of membership. I understand that my monthly dues statement may include suggested voluntary contributions to the CCA Advertising/Opinion Management Campaign (Media), the California Chiropractic Political Action Committee (CCPAC) and the California Chiropractic Issues Political Action Committee (CCIPAC). I PROMISE TO PAY THE ASSOCIATION DUES, DISTRICT DUES AND ANY FUTURE MANDATORY DUES ASSESSMENT. I understand that a portion of my dues is a mandatory payment for an annual subscription to the California Chiropractic Journal.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Sponsoring CCA Member: \_\_\_\_\_  
(Optional)

### Membership Categories and Fees

Dues to California Chiropractic Association and its component districts may be deductible to members for federal income tax purposes as ordinary and necessary business expenses. Dues are not deductible as charitable contributions. Please consult your tax advisor for individual assistance.

**Please mark the membership category for which you are applying.** If you need assistance, please contact the CCA Member Services Department at (916) 648-2727 ext. 124.

#### Active (Voting) Membership, based on your month/year of licensure: \_\_\_\_/\_\_\_\_

- 1<sup>st</sup> 6 months of Licensure: Doctor of Chiropractic in California practice, \$5.00/month
- 1<sup>st</sup> year (7-12 month) of Licensure: Doctor of Chiropractic in California practice, \$13.75/month
- 2<sup>nd</sup> year of Licensure: Doctor of Chiropractic in California practice, \$37.50/month, \$450/year (Pay 11 mos-\$412.50 & get the 12<sup>th</sup> mo free!)
- 3<sup>rd</sup> year of Licensure: Doctor of Chiropractic in California practice, \$60/month, \$720/year (Pay 11 mos-\$660 & get the 12<sup>th</sup> mo free!)
- 4<sup>th</sup>+ year of Licensure (Full Active): Doctor of Chiropractic in California practice, \$79/month, \$948/year\* (Pay 11 mos-\$869 & get the 12<sup>th</sup> mo free!)
- Family: Immediate family member of a Full Active member and practicing in same office, 50% discount of monthly dues, \$42.50/month
- Part-Time: Doctor of Chiropractic in part-time practice (less than 15 hours/week); \$42.50/month, \$510/year
- Retired/Disabled: Doctor of Chiropractic not practicing, annual dues, \$192.50/year
- Faculty/Postgraduate: Doctor of Chiropractic employed as full-time faculty at a Chiropractic college or enrolled in a residency program, annual dues, \$192.50/year

#### Associate (Non-Voting) Membership:

- Out of State: Doctor of Chiropractic practicing outside of California, annual dues, \$192.50/year
- Professional Affiliate: Not a Doctor of Chiropractic, annual dues, \$300/year
- New Graduate/Pending Licentiate: Former CCA student members. Good until licensure or 1 year, whichever occurs first - \$25
- New Graduate/Pending Licentiate: First time members. Good until licensure or 1 year, whichever occurs first - \$50

**Please send first month's dues or annual dues with completed application. Allow 4 weeks for processing.**

Check or money order enclosed  Please charge \$ \_\_\_\_\_ to my:  VISA  M/C  Discover  Amex

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_