

## NCPA APPLICATION FOR MEMBERSHIP

### Personal/Clinic Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Home Fax: \_\_\_\_\_  
 Clinic Name: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Office Phone Number: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_  
 2<sup>nd</sup> Office Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 2<sup>nd</sup> Office Phone Number: \_\_\_\_\_

### Licensed Chiropractic Status

Nebraska: \_\_\_\_\_ Year: \_\_\_\_\_ License Number: \_\_\_\_\_

### Professional Organizations

ACA \_\_\_\_\_ ICA \_\_\_\_\_ SCC \_\_\_\_\_ PPN \_\_\_\_\_ Other \_\_\_\_\_

<b>NCPA Membership Categories</b>			
The following NCPA dues schedule has been adopted for the period of August 1, 2010 through July 31, 2011 <b>(please circle one)</b>			
Regular Membership	\$850/Year	\$70.83/Month	\$212.50/Quarter
1st Year of Practice after Graduation	\$90/Year	\$7.50/Month	\$22.50/Quarter
2nd Year of Practice after Graduation	\$450/Year	\$37.50/Month	\$112.50/Quarter
Retired or Disabled	\$450/Year	\$37.50/Month	\$112.50/Quarter
Student Membership	\$10/Year		

In applying for membership, I hereby agree to abide by the Charter, Provisions, Bylaws, and Code of Ethics of the NCPA. I also understand that failure to remit dues will result in the loss of membership and all the rights and privileges thereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Payment</b> <b>(please check one)</b>	
<b>Check Enclosed</b> (made payable to NCPA)	Amount: _____
<b>EZ Pay</b> (Monthly/Quarterly Account Debit Program)	Amount: _____
<b>Checking</b>	Bank Name: _____ Account#: _____ ABA Routing#: _____
<b>Credit Card</b>	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover V-code (3 digits on back): _____ <input type="checkbox"/> Am Express: 4 digits on Front: _____ Name: _____ Card # _____ Exp Date: _____ Billing Address: _____

**EZ PAY Applicant Information:** I hereby authorize the NCPA to initiate, on or about the 20<sup>th</sup> of each month, debit entries to my credit card account, checking account, or a one time payment in full. I hereby authorize the depository institution named above to debit the same amount from my account. Said debits shall be for the amount of my monthly/quarterly/full payment of dues.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send application with \$10 processing fee to:  
 NCPA, 13215 Birch Drive Suite 200, Omaha, NE 68164