



New York State Chiropractic Association

PO Box 40 Kattskill Bay, NY 12844 (518) 785-6346 (518) 785-6352 FAX
info@nysca.com www.nysca.com



APPLICATION FOR MEMBERSHIP

Contact Information

First Name:	Middle Initial:	Last Name:
Business Address:	County:	
City:	State:	Zipcode:
Office Phone:	Office Fax:	
*Signature:	* I permit NYSCA to send me advertisements (regarding upcoming events, etc.) via fax.	
Email Address:	Referred to NYSCA by:	

Education Information

Degrees:	
Chiropractic College	Year Graduated:
New York License Number:	Date of Issuance:(MM/DD/YEAR)

Personal Information

Date of Birth:	
Home Address:	
City:	State: Zipcode:

Membership Categories

Dues Rates

Payment Information

Membership Categories	Half Year	Full Year
<input type="checkbox"/> Regular Membership		
<input type="checkbox"/> 1st Year Licentiate – Up to 2 year from date of license	\$ 60	\$ 120
<input type="checkbox"/> 2 nd Year Licentiate – Up to 3 year from date of license	\$ 120	\$ 240
<input type="checkbox"/> 3 rd Year Licentiate – Up to 4 year from date of license	\$ 180	\$ 360
<input type="checkbox"/> 4 th Year Licentiate – Up to 5 year from date of license	\$ 240	\$ 480
<input type="checkbox"/> 5 th Year Licentiate – Greater than 5 year from date of license	\$ 300	\$ 600
<input type="checkbox"/> Spouse (Note: If you are the spouse of a regular member who is also a practicing NYS licensed chiropractor, the individual with the fewer years in practice shall be permitted to pay half (50%) of their dues rate.)		
<input type="checkbox"/> Over age 65 in active practice OR Disabled / Retired and not in practice (As determined by the Board of Directors; call administrative office for information.)		\$ 60
<input type="checkbox"/> Part-time (practicing 20 hours or less per week) pay 50% of the dues. Voucher of working hours, signed by a colleague, must be submitted to the Board of Directors		50%

Payment Amount:
Payment Method
Check Enclosed:
Make checks payable to: New York State Chiropractic Association
Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>
American Express <input type="checkbox"/>
Card Holder:
#:
Expiration Date:
Security Code:
Billing Address:

Student Membership

<input type="checkbox"/> Student at accredited chiropractic college recognized by NYS Note: Student membership shall remain in effect until student member receives a license to practice chiropractic, but shall not continue one year beyond the date of his/her graduation. Note: First year dues for a First Year Licentiate shall be waived if licentiate has been a student member of NYSCA. Date entered chiropractic college: _____ Expected graduation date: _____		\$ 10
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Associate Membership (Associate Member may not hold office)

A New York State Licentiate who:		\$ 60
<input type="checkbox"/> Practice exclusively in a state other than New York		
<input type="checkbox"/> Member of the Armed Forces of the United States on active duty		
<input type="checkbox"/> Full time staff member of chiropractic college, school or institution		
<input type="checkbox"/> Engaged in full time out-of-state graduate chiropractic program		
<input type="checkbox"/> Full time chiropractic employee of any government agency		

I fully understand and agree that upon acceptance of my application, I shall abide by the certificate of incorporation of NYSCA, its Bylaws, Canon of Ethics and all rules and regulations adopted by the Board of Directors, House of Delegates, and the laws of the State of New York, the Board of Regents and the State Education Department.

Signature: _____

For Office Use Only	Date Received:
	District Assigned: