



MEMBERSHIP REGISTRATION

Name: _____ Birthday: _____

Practice Name: _____

Practice Address: _____

City/State/Zip: _____

Practice Phone: _____ Personal: _____

Email: _____ Website: _____

State Licenses Held: _____

Techniques: _____

Chiropractic College: _____ Graduation Year: _____

Recommended By: _____

Chiropractic Organization Affiliations: _____

National: _____ Dates: _____

Other: _____ Office Held: _____ Dates: _____

Special Interest: (Please Circle) Legislative Activities Public Speaking Research Philosophy Public Relations Teaching
Other: _____

MEMBERSHIP AGREEMENT/TERMS:

1. The initial term of membership is one year and will automatically renew annually on the renewal date.
2. Monthly payment options require minimum one year commitment and are available by automatic credit/debit charge only.
3. All memberships are continuous on an annual basis unless canceled in writing (email, fax or postal) prior to next billing.
4. Billing cycles and renewal dates vary based on member join date and member category.
5. Requested credit card processing date may differ from date shown on your statement due to transaction processing time, weekends, holidays etc.
6. CE Credits are included at no additional cost for NCC Active Board Members.
7. All memberships and member category qualifications subject to approval of the Nevada Chiropractic Council.

Signature: _____ Date: _____

MEMBERSHIP TYPE AND DUES: (Please select desired/applicable membership category)

Doctor (admitted after 12/31/14) \$299.00
 Affiliate (CA-DC Member; DC non-NV) \$49.00
 Affiliate (CA-DC Not a member) \$74.00
 Student \$24.99

I have enclosed a check for my FULL ANNUAL dues. Check#: _____ Amount Enclosed: \$ _____

Please bill my credit card: Monthly \$ _____ Annually \$ _____

AMEX/VISA/MC/DISC Card # _____ Exp: _____ CCV: _____

Signature: _____ Billing Zip Code: _____