



45 Stiles Rd Salem, NH 03079 | [info@nhchiropractic.org](mailto:info@nhchiropractic.org) | 603-417-4953

Dear Doctor,

The NHCA provides community, advocacy, and support for chiropractors across the Granite State. We are committed to advancing the chiropractic profession, providing resources, planning engaging continuing education opportunities, and breaking down unfair insurance and regulatory barriers to improve patient access to the vital care that we provide. To continue and expand our efforts, we need your support.

**NHCA members:**

- Pay reduced fees at our seminars and events.
- Are granted automatic F4CP membership.
- Get their practice and contact information listed on our “Find a Doctor” member map.
- Can post listings to our Classifieds page at no cost.
- Have voting privileges at our full membership meetings and can be elected to the NHCA Board of Directors.

**New in 2022:**

- Members can opt-in to a monthly “featured member” rotation on our website!
- Refer a colleague for a new membership, and both of you will receive a \$100 discount on your annual memberships.
- New members will receive a 50% reduced rate on all NHCA events during their first year of membership.
- Sign up for our new Premium Membership to receive greater discounts on events and to be listed as an NHCA sponsor on our website and event materials.

When you’re looking for community, proactive work, grassroots action, patient-centered attitudes, and chiropractic pride, we’re glad to have you here with us. We invite you to become a member of the NHCA today!

Visit [www.nhchiropractic.org/membership](http://www.nhchiropractic.org/membership) to join, or submit this completed form to us via mail or email.

Sincerely,

A handwritten signature in black ink, appearing to read 'Brendan H. McCann'.

Brendan McCann, DC  
President



## **Annual Dues & Payment**

**Membership dues can be paid through PayPal by visiting:**

[www.nhchiropractic.org/membership-fees/](http://www.nhchiropractic.org/membership-fees/)

**Or, mail a check with your completed application to:**

New Hampshire Chiropractic Association  
45 Stiles Rd  
Salem, NH 03079

### **Membership levels and annual dues:**

**General Membership (5+ years in practice): \$600**

**General Membership, 1<sup>st</sup> year in practice: \$480**

**General Membership, 2<sup>nd</sup> year in practice: \$360**

**General Membership 3<sup>rd</sup> year in practice: \$300**

**General Membership 4<sup>th</sup> year in practice: \$240**

**Student Membership: \$20 one-time fee**

**\*Semi Active Membership: \$90**

**\*Associate Membership: \$240**

**\*Premium Membership: \$800**

Is your spouse a chiropractor in the same practice and already a member of the NHCA? You can pay a 50% reduced rate on your annual dues!

*\*Semi-active membership is suitable for retired members. Associate membership is appropriate for chiropractic stakeholders, non-practicing New Hampshire chiropractors, and chiropractors outside of New Hampshire. Premium membership is intended for members who want to invest more in our work. Premium members are listed as NHCA sponsors on our website and all event materials, and receive a 50% discount on continuing education event fees.*



**CONTACT INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Home or cell phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Referred by: \_\_\_\_\_

**PRACTICE INFORMATION**

Office Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Office phone: \_\_\_\_\_ Office Email: \_\_\_\_\_

Would you like us to add your practice information to our "Find a Doctor" registry?  YES  NO

**EDUCATION, LICENSING & PROFESSIONAL ASSOCIATIONS**

Of which chiropractic college are you a graduate? \_\_\_\_\_

Year graduated: \_\_\_\_\_ Other education: \_\_\_\_\_

Are you licensed in NH? \_\_\_\_\_ Year licensed: \_\_\_\_\_ License #: \_\_\_\_\_

Please list other states you are licensed in: \_\_\_\_\_

Please list all professional association memberships: \_\_\_\_\_

**Please check all committee positions you may be interested in:**

Membership  By-laws  Radiological  Public Relations  Legislative  Continuing Education

Insurance Relations  Ethics  Auditing  Resolution  Peer Review  Health Planning

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