NH Chiropractic Association

MEMBERSHIP APPLICATION

FIRST NAME: _____ LAST NAME: _____ CREDENTIALS: _____

EMAIL: _____ PHONE: _____ DATE OF BIRTH: _____

PRACTICE: _____ LICENSE #: _____

ADDRESS: _____ APT./UNIT #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

REFFERED BY: _____ Would you like us to add your practice information to our "Find a Doctor" registry? ☐ Yes ☐ No

Do you currently have a spouse with an active NHCA membership? ☐ Yes ☐ No SPOUSE NAME: _____

TYPE OF MEMBERSHIP (SELECT ONE)	ANNUAL PAYMENT	QUARTERLY PAYMENT
General Membership (5+ years in practice)	☐ **$600**	☐ **$150**
1st Year in Practice	☐ **$240**	☐ **$60**
2nd Year in Practice	☐ **$300**	☐ **$75**
3rd Year in Practice	☐ **$360**	☐ **$90**
4th Year in Practice	☐ **$480**	☐ **$120**
Student Membership	☐ **$20** one-time fee	
Semi Active Membership (Retired)	☐ **$90**	☐ **$22.50**
Associate Membership (Non-DC)	☐ **$240**	☐ **$60**

PAYMENT

NAME AS IT APPEARS ON ACCOUNT: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

CREDIT/DEBIT #: _____ SECURITY CODE: _____ EXPIRATION DATE: _____

QUARTERLY APPLICANTS: I authorize NHCA to initiate quarterly debit entries to my credit card. I understand 1/4 of the annual membership dues will be charged to my designated account and that quarterly payments are not refundable. I understand the amount will change if there are changes to my NHCA membership category or dues. This agreement will remain in effect unless I notify NHCA in writing to cancel it.

CHECK PAYMENTS: If paying by check, please make payable to NHCA. You can submit your application electronically, mail or phone (603-417-4953). For your security, we ask that you refrain from emailing financial information.

ALL APPLICANTS: I certify that the information provided herein is complete and accurate. I agree to support the NHCA bylaws now and as they may be amended. I understand that my application is subject to NHCA approval and will be notified of this action.

REFUND POLICY: Memberships are 12 months and renew each calendar year. Requests for membership cancellation and dues refunds must be made in writing to info@nhchiropractic.org, within 30 days of receipt of payment for full dues only. Requests received after 30 days are not eligible for refund or cancellation. Quarterly installment payments are not eligible for refunds.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

RETURN FORM BY MAIL WITH CHECK MADE PAYABLE TO:

New Hampshire Chiropractic Association
1 Hardy Rd. #104
Bedford, NH 03110

CONTACT US:

Email: info@nhchiropractic.org
Phone: 603-417-4953