 **Annual DC Membership for 2024**

 \_\_\_\_\_ NEW \_\_\_\_ RENEWAL

 Membership good from 1/1/2024 to 12/31/2024

Doctor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Name and Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NV DC License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address (needed for voting Districts): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*In submitting appropriate dues for membership in the Nevada Chiropractic Association (NCA): I agree to uphold the code of ethics and bylaws of the Association and to abide by the rules and regulations set forth, including timely payment of dues, as set by the membership. I understand that providing my fax number, e-mail address and other information, I hereby consent to receive faxes, e-mails, and other electronic communication sent by, or on behalf of the Nevada Chiropractic Association. This agreement remains in effect even if my NCA membership expires.*

***I authorized the NCA to bill my credit card yearly for dues unless advised differently in writing.***

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

 **MEMBERSHIP CATEGORIES AND FEES**

**MEMBERSHIP CATEGORIES:**

\_\_\_\_\_ 1-Year Chiropractic Dues (Jan-Dec) $400.00 ($350.00 dues + $50.00 PAC Optional)

\_\_\_\_\_ 1-Year Dues for DC Retired $200.00 ($150.00 dues + $50.00 PAC Optional)

\_\_\_\_\_ 1-Year Dues for DC student $55.00

**ADDITIONAL OPTIONS:**

\_\_\_\_\_ Additional Donation to Pac Fund $\_\_\_\_\_\_\_\_

**2024 SPECIAL DISCOUNTS:**

* Upon referring one new Chiropractor member who was not a member of the NCA in 2023, and **upon NCA verification,** your yearly dues will be discounted 25% ($87.50) to total **$262.50**
* If refer two or more new Chiropractor members who was not member of the NCA in 2023, and **upon NCA verification,** your yearly dues will be discounted 50% ($175.00) for a total of **$175.00**

Name of Doctor (s) referred:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **TOTAL AMOUNT PAID: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Check # \_\_\_\_\_\_\_\_\_ Credit Card #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Security Code: \_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Zip Code: \_\_\_\_\_\_\_\_\_\_\_***

Please note we only accept **Visa or MasterCard**. All membership dues can be submitted using Pay Pal on our website at [www.nvchiroassoc.org](http://www.nvchiroassoc.org).

2700 E. Lake Mead Blvd., Ste # 10, North Las Vegas, NV 89030

Phone #: (702) 233-2288 Fax #: (702) 642-2448 Email Address nvchiroassoc@cs.com