

Wisconsin Chiropractic Association
521 East Washington Avenue • Madison, WI 53703
Phone: (608) 256-7023 • Fax: (608) 256-7123

Membership Application

Are you applying for Student or Regular Membership?	<input type="checkbox"/> Student	<input type="checkbox"/> Regular	(check one)
First Name:	M.I.:	Last Name:	
Preferred Name:	Spouse's Name:		
Office Name:			
Office Address:			
Office City, State, Zip:			
Office Phone No.:	Office Fax No.:		
Home Address:			
Home City, State, Zip:			
Home Phone No.:	Cell Phone No.:		
Date of Birth:	Email Address:		
School Currently Attending:	Expected Graduation Date:		
WI DC License No.:	Date of Issue:		

I hereby apply for membership in the Wisconsin Chiropractic Association and include a non-refundable application fee of \$20.00.

I understand that my application is subject to District and Board of Directors approval, and that I will be notified of their action. I agree that if my application is accepted, I will abide by the Code of Ethics and Bylaws of the Wisconsin Chiropractic Association and I agree to conduct my practice in accordance with the statutes governing the practice of chiropractic in the State of Wisconsin and the rules set forth by the Wisconsin Chiropractic Board of Examiners.

*** (Different rates may apply to out of state memberships. Please contact our office for more information.)*

Date: _____ Signature: _____

Included is a check or money order for my non-refundable application fee of \$20.00.

OR

Please charge my: VISA Mastercard

Card Number: _____ Exp.: _____

Cardholder's Name: _____

To become a member of the WCA, simply complete this application and fax it to (608) 256-7123.
 OR mail it with your application fee to: WCA, 521 East Washington Avenue, Madison, WI 53703.

<i>FOR OFFICE USE ONLY</i>				
Rate begin:	District:	Senate:	+4:	Mem:
Status:	County:	Assembly:	CE:	Dues Forecast: