Kansas Chiropractic Association

Membership Application

1334 SW Topeka Blvd., Topeka, Kansas 66612
Phone: (785) 233-0697 *Fax:* (785) 233-1833
kca@kansaschiro.com www.kansaschiro.com

The objective and purpose of the Kansas Chiropractic Association is to protect in every way not contrary to law, the philosophy, science, and art of chiropractic and the professional welfare of its members and also to establish a high standard for its professional code of ethics. Dues payments and fund contributions are not deductible as charitable contributions but may be deductible as ordinary and necessary business expenses. Up to twenty percent (20%) of your dues may be used for lobbying expenses (PAC) and will not be tax deductible.

Please print or type

Name:_____Birth date:_____ ☐Male ☐Female ☐Single ☐Married
Social Security #:_____Spouse's Name:_____Birth Date:_____
Office Name:_____County:_____
Office Address:_____City/State/Zip:_____
Office Phone Number:_____Office Fax Number:_____
Email Address:_____Web Site:_____
Home Address:_____City/State/Zip:_____
(Home address will not be released)

Political Affiliation: ☐Democrat ☐Republican ☐Independent ☐Other

Chiropractic College:_____

Other Colleges Attended:_____

Other Chiropractic Association Affiliations:_____

Kansas License Issue Date:_____License #:_____

Other States in Which You're Licensed to Practice:_____

Techniques Practiced:_____

Committees or Areas in Which You Wish to Participate:_____
(Legislative, Education, Insurance, Peer Review, Membership, Medicare)

Membership Information*

Student.....Free
1st Year after Kansas License.....$100
2nd & 3rd Year Licensed.....$300
Full Membership.....$700
PLUS Membership.....$1200
Semi-Retired.....$200
Retired.....$50
Out-of-State.....$100

Corporate (vendors, Colleges, etc.) Please contact the Kansas Chiropractic Association for more details

* PLUS membership includes dues, registration fees and one banquet ticket for the spring and fall conventions and registration for one additional KCA seminar. This package is a $1475 value. Students, retirees, and out-of-state members are non-voting members of the KCA. For more information on disability or handicapped dues status, please contact the KCA office.

Payment

I choose to pay (Please circle one): Entire Amount Semi-Annually
Quarterly Monthly (Automatic checking account withdrawal or credit card only)
Card Type (please circle one): MC Visa American Express Discover Account #:_____Exp Date:_____
Account # (for automatic checking withdrawal): _____
Bank Name:_____Bank Address:_____

I hereby attest to the accuracy of the foregoing information. I agree to abide by the Bylaws, Code of Ethics and Chiropractic Statues of Kansas. I understand that my failure to remit dues will result in suspension of all rights and privileges and will result in the loss of membership. Dues must be current to qualify as a member when registering for KCA sponsored events. I also give permission to the KCA to fax or e-mail information regarding membership and the profession.

Signature:_____**Date:**_____

(Please remit 1st payment with this application)

Revised 8/07