



1520 Belleview Blvd #5398 Alexandria, VA 22307
 Email: uvcahelpdesk@virginiachiropractic.org
 Web Site: www.virginiachiropractic.org

2025 Membership Application

Save time & expand your profile:
JOIN ONLINE!

<https://www.virginiachiropractic.org/membership>

PLEASE PRINT OR TYPE

Your Name: _____ Office Name: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Office Phone: _____ Fax: _____ Website Address: _____
 Email: _____ **E-PREFERENCES:** Use for association business Include in Find-a-Doc, directory, etc., too
 Cell: _____ May we text you with relevant UVCA Information? Yes No Date of Birth (optional): _____
 Home Address: _____ Home Phone: _____
 Techniques/Specialties: _____ Referred by (optional): _____
 Chiropractic College: _____ Year Graduated from Chiropractic College: _____ Date Licensed in VA: _____
 VA License #: _____ Years in Practice in VA _____
 Committees Interested in Serving On (no obligation): Membership Education Legislative Insurance
 Public Relations/Social Media Practice Management Philosophy & Ethics

CHECK APPLICABLE 2025 MEMBERSHIP CATEGORY - quarterly or monthly only available with EZ-Pay automatic debit program

	<u>Monthly</u>	<u>Quarterly</u>	<u>Semiannually</u>	<u>Annual</u>		<u>Monthly</u>	<u>Quarterly</u>	<u>Semiannually</u>	<u>Annually</u>
<input type="checkbox"/> Student	n/a	n/a	n/a	\$49	<input type="checkbox"/> Non-DC Staff	n/a	n/a	n/a	\$99
<input type="checkbox"/> 0-2 Year DC	\$29	n/a	n/a	\$325	<input type="checkbox"/> Out of State DC	n/a	n/a	n/a	\$149
<input type="checkbox"/> 3+ Year DC	\$54.17	\$162.50	\$325	\$650	<input type="checkbox"/> Retired DC	n/a	n/a	n/a	\$99
<input type="checkbox"/> Premier DC	\$125	\$375	\$750	\$1,500					
<input type="checkbox"/> DC Vendor	\$150	n/a	n/a	\$1,800					

"I hereby attest to the accuracy of the foregoing information. I agree to abide by the Bylaws and Constitution of the Virginia Chiropractic Association. I understand that my failure to remit dues will result in suspension of all rights and privileges and loss of membership." Signature: _____ Date: _____

PAYMENT INFORMATION

EZ-PAY AUTOMATIC DEBIT PROGRAM -- Allows more resources to go to serving you, rather than admin. No additional fee; cancel or change at any time.

Monthly Quarterly Semiannually Annually

Checking Bank Account Name: _____ Account Type: Personal Business
 Account #: _____ ABA Routing #: _____ [Please enclose a voided check]

Credit Card Visa MC Discover AmEx Acct. #: _____ Exp.: _____
 3-4 Digit Auth. # on Back: _____ Name on Card: _____
 Billing Address: _____

"I authorize the VCA to debit my checking or credit card account as indicated above. I acknowledge the origination of ACH or credit card transactions to my account must comply with the provisions of U.S. law. Said debits shall occur on or about the 1st day of the appropriate membership period for the amount of my monthly, quarterly or annual dues payments. Amounts will be adjusted by VCA if I change my VCA membership category or any applied discount expires. I understand this authority is to remain in full force and effect until the VCA has received written notification from me of its termination in such time and manner as to afford the VCA a reasonable opportunity to act on it."

Signature: _____ Date: _____

Virginia C-PAC

VOLUNTARY: Please also use the above payment info for a recurring contribution to Virginia's Political Action Committee as follows.

Monthly Quarterly Annual Amount: \$ _____

RETURN COMPLETED FORM

Mail to Unified VCA, 1520 Belleview Blvd #5398, Alexandria, VA 22307.

IMPORTANT TAX INFORMATION

We estimate that 88% of VCA dues are not deductible as a charitable contribution; but may be deductible as ordinary and necessary business expense. The remaining 12% is allocated to VCA lobbying expenses and is not deductible. Further information should be obtained from your tax advisor.

QUESTIONS? E-mail uvcahelpdesk@virginiachiropractic.org.

We look forward to serving you!