



1520 Belleview Blvd, #5398 Alexandria, VA 22307
uvcahelpdesk@virginiachiropractic.org
www.virginiachiropractic.org

2025 Supplier Vendor Membership Application

BENEFITS: Unified VCA Supplier Membership provides you with increased visibility, credibility, and access to the Virginia chiropractic marketplace via direct referral by the UVCA Office and listings in the membership directory, VCA’s web site, and new member materials. Demonstrate your commitment to the profession by displaying the UVCA Supplier Member seal on your marketing and communications. To discuss how the UVCA can help you with your specific marketing needs, contact Court Squires, Executive Director, email csquires@virginiachiropractic.org.

(1) Please complete the information below:

Organization Name: _____
Primary Rep’s Name for Membership: _____ Title: _____
Referred by (Optional): _____
Complete Address: _____
Work Phone: _____ Cell Phone (Never Shared): _____ Fax: _____
Email: _____ Website: _____
Product/Service Description (Max 20 Words): _____

(2) Payment Information:

EZ-Pay Auto Debit Program -- Easy on your cash flow; cancel at any time.

\$650 per year

Checking Bank Account Name: _____ Account Type: Personal Business
Account #: _____ ABA Routing #: _____ [Please enclose voided check]
 Credit Card AmEx Visa MC Discover
Acct. #: _____ Exp.: _____ 3-4 Digit Auth. # on Back: _____
Name on Card: _____
Complete 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, dues increase, 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: _____

(3) Return Completed Form: VCA, 1520 Belleview Blvd, #5398 Alexandria, VA 22307

OR JOIN ONLINE AT WWW.VIRGINIACHIROPRACTIC.ORG
(Membership tab; Categories & Applications; Scroll down to "Supplier Vendor Application")

Questions? Email us, uvcahelpdesk@virginiachiropractic.org

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.