



PO Box 15  
 Afton, VA 22920  
 Phone 540-932-3100  
 Fax 540-932-3101  
 admin@virginiachiropractic.org  
 www.virginiachiropractic.org

## 2024 Allied Supplier 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. Enjoy discounts that can more than pay for the cost of membership when you advertise in VCA’s quarterly newsletter; exhibit at conventions and seminars; etc. Request free mailing lists of member and non-member DCs in Virginia. You are also invited to submit editorial material for priority consideration in the newsletter, as well as presentation proposals for seminar, convention, or district meeting consideration. Enjoy 1 free e-blast to UVCA’s full list annually. To discuss how the UVCA can help you with your specific marketing needs, contact Julie Connolly, Executive Director, phone 540-932-3100, email jconnolly@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.  
**\$137.50 per quarter** (based on annual membership dues of \$550).

**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 1<sup>st</sup> 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: Fax to 540-932-3101 or mail to VCA, PO Box 15, Afton, VA 22920.**

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

**Questions? Don’t hesitate to call the VCA office at 540-932-3100 or email jconnolly@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.