



INDIANA STATE CHIROPRACTIC ASSOCIATION

MEMBERSHIP APPLICATION

CONTACT INFORMATION

NAME _____

CLINIC NAME _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

CLINIC PHONE _____ FAX _____

CELL/HOME PHONE _____

EMAIL _____

PROFESSIONAL BACKGROUND

COLLEGE/GRADUATION DATE _____

INDIANA LICENSE # _____

RECOMMENDED BY _____

PAYMENT OPTIONS (YOU MAY ALSO PAY BY ACH DEDUCTION FROM YOUR CHECKING ACCOUNT – CONTACT THE ISCA OFFICE FOR INFORMATION)

☐ AMEX ☐ VISA ☐ MASTERCARD ☐ CHECK (MAKE PAYABLE TO ISCA)

CARDHOLDER: _____

CARD #: _____

EXP. DATE: _____ SECURITY CODE: _____

NAME ON CARD: _____

MAIL: ISCA 200 S. Meridian St, Suite 410 Indianapolis, IN 46225

FAX: 317.686-2672 **EMAIL:** info@indianastatechiro.org

MEMBERSHIP LEVELS

- ☐ **1ST YEAR IN PRACTICE**
\$100 Annually
- ☐ **2ND YEAR IN PRACTICE**
\$280 Annually/\$70 quarterly
- ☐ **3RD YEAR IN PRACTICE**
\$360 Annually/\$90 Quarterly
- ☐ **4TH YEAR IN PRACTICE**
\$500 Annually/\$125 Quarterly
- ☐ **5TH YEAR IN PRACTICE**
\$600 annually/\$150 Quarterly
- ☐ **SILVER**
\$750 Annually/187.50 Quarterly
- ☐ **GOLD**
\$1000 Annually/\$250 Quarterly
- ☐ **PLATINUM**
\$1500 Annually/\$375 Quarterly
- ☐ **ALLIED MEMBER**
\$300 Annually
- ☐ **RETIRED D.C.**
\$100 Annually
- ☐ **OUT OF STATE**
\$100 Annually
- ☐ **STUDENT**
Free

QUESTIONS? Call 317.673.4245 or email info@indianastatechiro.org