



MEMBERSHIP APPLICATION & RENEWAL

The **Connecticut Chiropractic Council** is comprised of Doctors of Chiropractic whose practice styles differ widely in their approach to care. The common denominator is that the care rendered has at its base, the detection and correction of the **Vertebral Subluxation Complex**.

The Council is committed to the concept of the Vertebral Subluxation Complex. Only with these concepts can we as Chiropractors, flourish as separate and distinct health care professional providers.

Join Today! Be a Part of the Future of Chiropractic!

ANNUAL DUES

Check membership requested:

- 1st Year Licensed \$200
- 2+ Years Licensed OP1 \$500
- 2+ Years Licensed OP2 \$600
- Out of State Member \$200
- Member's DC Spouse \$250
- Retired Chiropractor \$100
- Student Once until Graduation \$ 25
- First Time Fee \$ 25

One Chiropractor per application

Total to be charged \$ _____

Debit my Credit Card:

- Annually Monthly
- Check Enclosed

**CONNECTICUT
CHIROPRACTIC COUNCIL**
PO Box 3022
Branford, CT 06405
203-483-0084

FAX
COMPLETED APPLICATION
TO
203-488-7066

Name _____ Date of Birth _____

Practice Name _____ Years Licensed _____

Office Address _____ City _____ ST _____ Zip _____

Office Phone _____ Fax _____ E-Mail _____

Home Address _____ City _____ ST _____ Zip _____

Cell Phone _____ Chiro College _____ Graduation Date _____

Add'l Practice Location _____ Web-Site _____

CT License # _____ Date Licensed _____ Non CT Licenses _____

Other Professional Memberships or Degrees _____

What do you want the most out of membership? _____

Membership Options:

Option 1:

Single Annual payment of \$600

Option 2: Monthly payments of \$50 (Auto Debit Authorization required)

Please enroll me as a Continuous Member of the CCC

Becoming a continuous Member helps the CCC by reducing the expense associated with billing members and the time it takes to receive payment each year. By choosing this option, you will remain a continuous member of the CCC unless you notify the CCC otherwise. We will send you an invoice each year. If you decide not to send a check we will simply debit your credit card. We ask that you provide your credit card information and authorize us to debit the annual dues payment and your PAC/LAF contribution, as indicated today, unless you make payment by check either with this application or prior to January 15th of each consecutive year.

Auto Debit Authorization

I authorize the Connecticut Chiropractic Council at PO Box 185561 Hamden, CT, and/or a financial institution to be named later working on behalf of the CCC to initiate recurring payments from my checking or credit account, in the amount indicated below. My authorization will remain in effect until I notify the CCC, in writing, to cancel it. If I do cancel my authorization, I will do so in such time as to afford the financial institution a reasonable opportunity to act. I maintain the right to stop payment of any entry simply by notifying the CCC three (3) days before my account is charged. Likewise, my annual membership and PAC/LAF contribution will automatically renew unless I notify the CCC of my intention to cancel my membership or modify my PAC/LAF contribution.

Signature: _____ Date _____

Please enroll me as a member of the CCC for this year only.

If this is your first year as a member, please divide the annual dues by 12 and pay dues only for the number of months remaining in this year. If you are renewing membership from last year, please consider your dues for the full year regardless of the number of months that have elapsed. Payment may be made by check or credit card.

Credit Card: # _____ CVV code _____ Exp. Date ____ / ____

Name and address on Credit Card _____