



## 2016 Membership Dues Notice

*Educate and Advocate for the Chiropractic Profession in North Dakota*

*"Every man owes a part of his time and money to the business or industry in which he is engaged. No man has a moral right to withhold his support from an organization that is striving to improve conditions within his sphere." -Theodore Roosevelt*

	<u>Full Dues</u>	<u>Discounted*</u>
1. NEW MEMBERSHIP**	\$ 0	\$ 0
2. SECOND YEAR MEMBERSHIP**	\$ 200	\$ 190
3. THIRD YEAR MEMBERSHIP	\$ 400	\$ 380
4. FULL MEMBERSHIP	\$ 600	\$ 570
5. MARRIED/SPOUSE MEMBERSHIP	\$ 900	\$ 855
5. RETIRED MEMBERSHIP	\$ 100	\$ 95
6. STUDENT MEMBERSHIP	\$ 0	\$ 0
7. HONORARY LIFETIME MEMBERSHIP	\$ 0	\$ 0

\*The NDCA offers a 5% discount on all dues paid in full by January 1, 2016.

### Please Note:

The NDCA By-Laws state that membership fees are due on January 1 and become delinquent on February 1. This is the only dues notice you will receive. In addition, for income tax year 2016, 7% of your NDCA dues are not allowable as a tax deductible business expense, as this percentage of your dues will go towards political expenses in 2016.

\*\*New Memberships are valid for newly licensed doctors in ND who have just graduated Chiropractic College. New Membership dues, annual convention and the three yearly NDCA seminars are free in your first year of membership. Travel, meals and lodging expenses are your responsibility.

\*\*Second Year Membership includes free attendance to the three yearly NDCA seminars. Travel, meals and lodging expenses are your responsibility.

***Please use the NDCA website or the back of this form for membership renewal.***

Questions on your dues amount, your membership status or on a payment plan?  
Contact NDCA Secretary/Treasurer, Dr. Michael Kelly, [ndca.sec.tres@gmail.com](mailto:ndca.sec.tres@gmail.com) or 701-839-0467

**THANK YOU FOR BEING A MEMBER!**

*NDCA.....The unified voice for the success of chiropractic in North Dakota*

## 2016 NDCA Membership Renewal Form

Once again this year, in an effort to continue our full communication capabilities, we ask that every member please log into the NDCA website [www.ndca.net](http://www.ndca.net) and update their profile information. Your profile will be the only source used for organizing the 2016 membership directory. Using the website for renewal will automatically update your information.

You may also mail or fax this completed form along with your payment to:

NDCA  
PO Box 722  
Minot, ND 58701-0722  
Fax: 701-838-1513

Credit Cards (VISA or MasterCard) are accepted.

Payment by: \_\_\_\_\_ Check (enclosed)

Payment by: \_\_\_\_\_ Visa    \_\_\_\_\_ MasterCard

Name on Credit Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_    CVV#: \_\_\_\_\_

### **Please Print or Type Member Information**

Doctor Name: \_\_\_\_\_

Membership Category: (Please Circle)

2<sup>nd</sup> Year Member

3<sup>rd</sup> Year Member

Full Member

Retired Member

Married and Spouse Member

Honorary Member

Mailing Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Personal Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_