INDIANA STATE CHIROPRACTIC ASSOCIATION

INDIANA STATE CHIROPRACTIC ASSOCIATION MEMBERSHIP *(Circle one)*

Platinum - $1500 Gold - $1,000 Silver - $750

5th year in practice - $600 4th year in practice - $500

3rd year in practice - $360 2nd year in practice - $280

Student and 1st year in practice – FREE

Retired (DC has 0 office hours) or Out of State - $100 Semi-retired (15 hours or less) $250

Member Name: _____

Clinic Name: _____

Clinic Address: _____
City _____ State _____ Zip _____

Email _____ Clinic Phone _____

Mobile number: _____ Date of Birth: _____

Home address: _____
City _____ State _____ Zip _____

PROFESSIONAL BACKGROUND

College/Graduation Date _____

Indiana License Number # _____

PLEASE CIRCLE PAYMENT OPTION:

Semi-annually Quarterly Monthly EFT (checking account or credit card)

AMEX VISA MASTERCARD CHECK (MAKE PAYABLE TO ISCA)
Cardholder _____ **Amount of Payment** _____

Card # _____
Exp. Date: _____ **Security Code:** _____

Name on Card: _____

ACH – Payment Plan Authorization: *Complete below and provide a cancelled or voided check or deposit slip from the bank account. Please staple to this form.*

Bank Name_____

Bank Address_____

Bank Phone_____
Routing number: _____ **Account Number** _____

Payment Authorization:

I authorize my bank to debit my account as identified above to the terms stated here. This authorization shall remain in effect until the Service Provider and bank receive written notification from me of intent to terminate at such time and in such manner as to afford the Service Provider and bank reasonable opportunity to act (Minimum 30 days).

All other changes such as payment amount, frequency, bank account number change, will require a new Payment Authorization Form to be filled out and submitted to the Indiana State Chiropractic Association 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the Service Provider or Indiana State Chiropractic Association due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of $35.00 which may be automatically debited for each NSF.

Signature_____ **Print Name** _____ **Date**_____

Mail form with check or payment plan to: ISCA, 150 West Market, Suite 412, Indianapolis, IN 46204. Email form with payment plan to: info@indianastatechiros.org Fax form with payment plan to 317-870-1200