

BECOME A MEMBER

ISCA MEMBERSHIP APPLICATION

WHY JOIN ISCA?

The ISCA is a community of doctors supporting each other. When you pledge your support to the ISCA, you are supporting the profession you know and love. An ISCA membership is an investment in programs that benefit the chiropractic profession, including legal and legislative advocacy, and public education.

Membership Opportunities

*Pricing is for a full year

Premium Membership	\$1200	Out Of State Membership	\$100
General Membership (3rd Year or Longer in Practice)	\$600	Retired Membership	\$100
New License or Semi-Retired Membership (1st and 2nd Year in Practice or 15 Hours or Less in the Office)	\$250	Student Membership	FREE

Member Benefits

- Member only informational materials
- Free referral listing on ISCA website through our Find-A-Doc page
- Assistance with all legislative and insurance questions/concerns
- Quality continuing education programs designed to motivate, educate, and enhance your practice
- Quarterly updates through our newsletter
- Legislative and political advocacy
- Access to the "Members Only" section on our website
- Access to ISCA partnered insurance benefits
- Membership to F4CP and placement on their Find-A-Doc page

The ISCA Works for You!

- Protects your right to practice
- Provides a solid statewide professional network and opportunities for camaraderie within the profession
- A go-to resource for the most up to date insurance, Medicare, Medicaid, and practice information
- Utilizes dedicated staff to serve your membership and practice needs.
- Advances the profession through development, continuing education, informational seminars, newsletters and alerts.
- Allows access to the experience of your peers through mentorship opportunities
- Educates the public and policy makers on the latest research demonstrating the cost effectiveness, efficiency and success of chiropractic treatment.

MEMBERSHIP OPTIONS:

- Premium (\$1200.00)
- General (\$600.00)
- New Licensee or
Semi Retired (\$250.00)
- Out Of State (\$100.00)
- Retired (\$100.00)
- Student (FREE)

**TOTAL
DUE**

CONTACT INFORMATION

- Member Name:
Clinic Name:
Clinic Address:
City, State, Zip:
Email:
Mobile Number:
Home Address:
City, State, Zip:
College Attended:
Indiana License Number:
- Clinic Phone:
Date of Birth:
Graduation Date:

PAYMENT INFORMATION

- Please Bill my Credit Card**
- Card Number:
Exp. Date:
Security Code:
Name on Card:
Card Type: American Express Mastercard Visa
- Check enclosed made payable to ISCA**
- Payment Option**
- Semi-Annually
 - Quarterly
 - Monthly
 - EFT (Checking Account or Credit Card)

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: Printed Name: Date:

Please return form with chosen payment method and information to:

Indiana State Chiropractic Association
150 W. Market Street, Suite 412
Indianapolis, IN 46204
Fax: 317-870-1200
Email: info@indianastatechiro.org