



Join the Colorado Chiropractic Association

Chiropractors elevating healthcare for over a century!

Protect YOUR Right to Practice | Protect your Patient's Right to Receive Care

Name: _____ Credentials: _____

Clinic Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Hours: _____

Clinic Phone: _____ Fax: _____

Email: _____ Website: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

DOB: _____ Colorado License Date: _____ Other States Licensed In: _____

Chiropractic College: _____ Year Graduated: _____

How did you hear about the CCA? _____

By submitting this application I am committing to a minimum of 1 year membership, at said level, with the Colorado Chiropractic Association (CCA). I agree to uphold the code of ethics and bylaws of the Association and to abide by the rules and regulations set forth, including timely payment of dues. If I wish to cancel membership I will do so in writing or through email. I understand that by providing my fax number, email address, and other business/personal information; I hereby consent to receive faxes, emails, texts, and other electronic communication sent by, or on behalf of, the Colorado Chiropractic Association unless I notify the CCA to remove my info from communication lists.

Membership & Payment Options - Please Select One Below: (Quarterly & Semi-Annually available upon request for some)

<p>Centennial Membership*</p> <p>A NEW membership formed in honor of our 100th Year!</p> <p><input type="checkbox"/> \$100 Monthly <input type="checkbox"/> \$1,200 Annually</p>	DC - New Grad	<input type="checkbox"/> \$10 Monthly	<input type="checkbox"/> \$114 Annually
	DC - 2nd Year in Practice	<input type="checkbox"/> \$20 Monthly	<input type="checkbox"/> \$228 Annually
<p>Bronze Member*</p> <p><input type="checkbox"/> \$126.70 Monthly <input type="checkbox"/> \$1,500 Annually</p> <p><small>*Includes convention registration & discounts to other CE courses! Contact the CCA for more details!</small></p>	DC - 3rd Year in Practice	<input type="checkbox"/> \$40 Monthly	<input type="checkbox"/> \$456 Annually
	DC - General Member	<input type="checkbox"/> \$65.72 Monthly	<input type="checkbox"/> \$744.57 Annually
	DC- Spouse	<input type="checkbox"/> \$17 Monthly	<input type="checkbox"/> \$200 Annually
	DC - Retired	<input type="checkbox"/> \$32 Monthly	<input type="checkbox"/> \$363 Annually
	DC - Non-Resident of CO/Licensed Non-Practicing Student/Non-DC Member		<input type="checkbox"/> \$75 Annually <input type="checkbox"/> \$35 Annually

If paying by check, please make payable to CCA, otherwise, please fill out an Auto Pay option below:

Credit Card #: _____ Exp. Date: _____

CVV Code: _____

OR pay by Auto Debit, please choose an account type: Checking Savings

Account #: _____ Routing #: _____

I authorize the CCA to initiate, on or about the 20th of each month, debit entries to my credit card or bank account as specified above, for the minimum of 12 months from sign up date. I understand that dues will be adjusted if my membership classification changes. This agreement will remain in affect unless I notify the CCA in writing to cancel.

Signature: _____ Date: _____

**Please return completed form, including payment information, to the Colorado Chiropractic Association at
8751 E Hampden Ave Suite B-7, Denver, CO 80231
or FAX to 303.755.1010**



The CCA's Patient Referral Network

Referring over 1,500 patients a year!

D.C. Name: _____ **Maiden Name:** _____

Why did you join the CCA?: _____

Diplomates & Specialties: Acupuncture Sports/Athletes Geriatrics Nutrition Neurology
 Functional Medicine Pediatrics Upper Cervical Veterinary Orthopedics
 Other: _____

Techniques: Craniosacral Gonstead Network Palmer Thompson
 Activator Decompression Graston Nimmo Pettibon TMJ
 Applied Kinesiology Diversified Kinesiotaping Non-Force Radiology Traction
 ART Extremities Laser NUCCA Rehab Webster
 ATLAS Flexion/Distractioin NET Orthotics SOT
Other (please specify): _____

Other Services Offered: _____

Products for Sale: Supplements Foam Roller Exercise Bands Pillows Kinesio-Tape
 Other: _____

Do You Offer: House Calls Emergency Calls Family Plans
 Time of Service Discount Payment Plans

Payment Options: Medicare Workers' Comp Auto Insurance
In Network With: _____

Office Hours:	
M:	_____
T:	_____
W:	_____
Th:	_____
F:	_____
Sat:	_____
Sun:	_____

Participate in the CCA

Your membership is as active as you are!

Select any committees you would be interested in serving on:
 Bylaws Education Political Action Membership Budget Ethics
 Legislative Insurance Sunset Task Force Opioid Task Force