



Georgia Council of Chiropractic, Inc.

Membership Application



1775 The Exchange, Suite 190 • Atlanta, Georgia 30339 • www.georgiachiropractic.org
 ☎ 678-627-0494 • FAX 678-627-0493 • In-state Toll Free 1-877-509-8757

PLEASE PRINT CLEARLY

DATE _____

NAME _____ BIRTH DATE _____ SPOUSE'S NAME _____

OFFICE NAME _____ COUNTY _____

OFFICE ADDRESS _____ OFFICE PHONE _____

CITY/STATE/ZIP CODE _____ OFFICE FAX _____

WEBSITE _____ EMAIL _____

HOME ADDRESS _____ HOME PHONE _____

CITY/STATE/ZIP CODE _____ CELL PHONE _____

TECHNIQUES PRACTICED _____

CHIROPRACTIC COLLEGE _____ GRADUATION DATE _____

DATE OF FIRST LICENSURE _____ STATE LICENSES HELD _____

RECOMMENDED BY _____

AREAS OF SPECIAL INTEREST: (Please check) LEGISLATIVE ACTIVITIES PUBLIC SPEAKING RESEARCH
 PHILOSOPHY PUBLIC RELATIONS TEACHING INSURANCE RELATIONS OTHER _____

CHIROPRACTIC ORGANIZATION AFFILIATIONS:

NATIONAL _____ MEMBERSHIP DATES _____

OTHER _____ OFFICE HELD _____ MEMBERSHIP DATES _____

MEMBERSHIP CATEGORIES (Please check one)

All applications are subject to approval by the GCC Board of Directors.

Full voting memberships

- DC 2nd year after graduation paid annually **\$200.00**
- DC 2nd year after graduation paid quarterly **\$65.00**
- DC 3 or more years after graduation paid annually **\$400.00**
- DC 3 or more years after graduation paid quarterly **\$125.00**
- Husband and Wife DCs paid annually **\$600.00**
- Husband and Wife DCs paid quarterly **\$175.00**
- DC Over age 65 and still in practice annually **\$200.00**
- Full-time DC Faculty, not-practicing annually **\$50.00**
- DC Affiliate, out of State of Georgia annually **\$50.00**

Non voting memberships (annual only)

- New DC first 12 months after graduation **FREE**
- Retired or disabled after 10 years GCC member **FREE**
- DC Student -one time fee while in school **\$40.00**
- Auxiliary - non-DC, CA, vendor etc. **\$40.00**
- DC family - non DC spouse & children under 21 **\$50.00**

DUES PAYMENT OPTIONS:

I have enclosed a check for my membership dues. Check# _____ Amount enclosed \$ _____

Please set up my account for AUTOMATIC CREDIT CARD BILLING (must fill out credit card information below)

Please bill my Credit Card: (see membership type) Annually \$ _____ Quarterly - \$ _____

VISA Mastercard AMEX Card# _____ Exp. _____

Name as it appears on card _____ Amount \$ _____

Signature _____