



New York State Chiropractic Association

PO Box 557, Chester NY 10918 | 518-785-6346 | 518-785-6352 FAX

info@nysca.com | www.nysca.com



APPLICATION FOR MEMBERSHIP

Contact Information

Last Name:	First Name:	MI:	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB
Business Address:		County:	
City:	State:	Zip:	
Office Phone:	Office Fax:	Email:	
Referred to NYSCA by:		All fields required unless otherwise specified.	

License Information

NY Chiropractic License Number:	Date of Issuance: (MM/DD/YYYY):
Other State Chiropractic License(s):	

Education Information

Chiropractic College:	Degree(s):
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Personal Information

Date of Birth:	Home Phone (opt):	Mobile Phone (opt):
Home Address:		County:
City:	State:	Zip:

Membership Categories

Dues

Regular Membership	Annual / Monthly*
<input type="checkbox"/> 1 st Year Licentiate – up to 2 years from date of NY licensure	\$120 or \$10/month
<input type="checkbox"/> 2 nd Year Licentiate – up to 3 years from date of NY licensure	\$240 or \$20/month
<input type="checkbox"/> 3 rd Year Licentiate – up to 4 years from date of NY licensure	\$360 or \$30/month
<input type="checkbox"/> 4 th Year Licentiate – up to 5 years from date of NY licensure	\$480 or \$40/month
<input type="checkbox"/> 5 th Year Licentiate – Greater than 5 years from date of NY licensure	\$600 or \$50/month

★ New Members ★

One-time offer applicable to Regular Membership only when year is PAID IN FULL.	
<input type="checkbox"/> Eligibility subject to verification. Subsequent year's dues payable at regular rate. Cannot be combined with other discounts	25% off

Part-time, practicing 20 hours or fewer per week

<input type="checkbox"/> Discount applicable to Regular Membership only. Malpractice declarations page indicating part-time practice status must be included with membership application; Cannot be combined with other discounts	50% off
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Associate Membership – Name of sponsoring NYSCA Member: _____

<input type="checkbox"/> Discount applicable to Regular Membership only. Sponsoring employer or spouse must be a full-time active, regular member of the NYSCA; Cannot be combined with other discounts	50% off
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Affiliate Membership[†] – must be licensed to practice chiropractic in New York

<input type="checkbox"/> a full-time staff member in residence at a chiropractic or other accredited university, college, school, or institution; or <input type="checkbox"/> a full-time employee of any recognized governmental agency; or <input type="checkbox"/> a member of the Armed Forces of the United States on active duty; or <input type="checkbox"/> is not in active chiropractic practice AND is employed full-time as supplier/vendor of chiropractic products and services, or other practice equipment, in service to members of the chiropractic professional field; or <input type="checkbox"/> practicing exclusively in a state or jurisdiction other than New York State	\$60
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[†]out-of-state affiliate members may neither vote in NYSCA elections nor hold office

* Auto-Renewal (Monthly debit from credit card)

Cardholder understands and agrees that by opting into automatic billing his/her card will be charged on a monthly basis and will automatically renew on membership anniversary date. Renewal will be at current membership type associated with account. Monthly membership is not eligible for cancellation for the first 12 months of membership

Payment Information

Select One: Annual Monthly*

Payment Method

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
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Card Holder:

Card #:

Expiration Date:

Security Code:

Billing Address:

Check Enclosed; Please make checks payable to: New York State Chiropractic Association PO Box 557, Chester NY 10918

Check here if you do **NOT** want 7% of your dues monies earmarked for NYCPAC. Refusal to contribute will not affect your membership rights.

I fully understand and agree that upon acceptance of my application, I shall abide by the certificate of incorporation of the NYSCA, its Bylaws, Canon of Ethics, all rules and regulations adopted by the Board of Directors and House of Delegates, and the laws of the State of New York, the Board of Regents, and the State Education Department. I further understand that the NYSCA regularly communicates with its members by electronic means and therefore permit NYSCA to send me communications and advertisements (regarding upcoming events, etc.) via fax/email.

Signature:

For Office Use Only Date Received:
District Assigned:

Applicable Excerpts from the Constitution and Bylaws of the New York State Chiropractic Association



ARTICLE III - Membership

The NYSCA shall be a membership organization and shall have members who shall be chiropractors duly licensed by the state of New York or students currently matriculated in a chiropractic degree granting educational program accredited by the Council on Chiropractic Education (CCE) and/or the New York State Education Department. The NYSCA does not discriminate in the nomination or selection of a member based upon the member's race, faith, religion, ethnicity, gender, age, or sexual, social, biological orientation or gender identity.

All members of the NYSCA must be of good moral character in compliance and comportment with the New York State Regents Rules, Parts 28 - Determination of Good Moral Character in the Professions and Part 29 - Unprofessional Conduct (§§ 29.1 - General provisions; 29.2 - General provisions for health professions) and the NYSCA Code of Professional Ethics.

A) Classifications of Membership

1) Active Regular Membership

a) Qualifications of Active Regular Membership

Any person duly licensed to practice chiropractic in New York whose license is current and who meets any other qualifications for membership as may be specified from time to time by the NYSCA may apply and be eligible for active regular membership in the NYSCA.

2) Associate Membership

a) Qualifications of Associate Membership

Any person duly licensed to practice chiropractic in New York may apply and be eligible for associate membership in the NYSCA whose license is current and who meets any other qualifications for membership as may be specified from time to time by the NYSCA and who:

- (i) is the spouse of a chiropractor who is a current active regular member of the NYSCA; or
- (ii) is a chiropractor employed by a chiropractor who is a current active regular member of the NYSCA.

3) Affiliate Membership

a) Qualifications for Affiliate Membership

Any person duly licensed to practice chiropractic in New York and who meets any other qualifications for membership as may be specified from time to time by the NYSCA and who:

- (i) is not in active practice and is a full-time staff member in residence at a chiropractic or other accredited university, college, school or institution; or
- (ii) is a full-time employee of any recognized government or governmental agency; or
- (iii) practices exclusively in a state or jurisdiction other than New York State; or
- (iv) is a member of the Armed Forces of the United States on active duty; or
- (v) is not in active practice but is employed full-time as supplier/vendor of chiropractic products and services, and other practice equipment, in service to members of the chiropractic professional field,
- (vi) may apply and be eligible for affiliate membership in the NYSCA

b) An in-state affiliate member (*a full time staff member of a chiropractic college, school, or institution in New York State; OR adjunct faculty of a chiropractic college, school, or institution in New York State not in active private practice; OR a full time employee of any governmental agency in New York State*) is afforded the full rights and privileges of the NYSCA including a right to vote on any NYSCA balloted item or election and the privilege of being recognized on the floor of any duly constituted meeting of the NYSCA membership provided that the member had been enrolled in active regular membership for a period of at least ninety (90) days prior to the commencement of any balloted measure or election, or the convocation of any meeting of the NYSCA membership convened thereof.

c) An out-of-state affiliate member (*who is neither a full time staff member of a chiropractic college, school, or institution in New York State, nor a full time employee of any governmental agency in New York State*) is afforded the privilege of being recognized on the floor of any duly constituted meeting of the NYSCA membership provided that the member had been enrolled in active associate membership for a period of at least ninety (90) days prior to the convocation of said meeting. Such an affiliate member may neither vote on any NYSCA balloted item or election nor hold office within the NYSCA as an Officer or Member of the Board of Directors.

4) Student Membership

a) Qualifications for Student Membership

Any student matriculated and attending a chiropractic degree granting program accredited by or seeking accreditation from the Council on Chiropractic Education (CCE) and/or recognized and accredited by the Education Department of the State of New York, may apply and be eligible for student membership in the NYSCA provided that at the time of his or her application, the student has not yet received a DC degree.

b) Student membership shall remain in effect until such time as the student member receives a license to practice chiropractic and one-year thereafter but shall not continue more than one year beyond the date of his or her graduation from Chiropractic College.

***Membership Dues Discounts:** Practitioners applying for a dues discount due to part time practitioner status, associate practitioner status, temporary disablement, or permanent retirement must submit a certification of said status to the NYSCA. To receive a copy of the required certification form, please contact the NYSCA Administrative office at (518) 785-6346.