

# THE COUNCIL



Fun,  
Fellowship,  
Philosophy &  
Financial  
Success

# New York Chiropractic Council

One Cross Island Plaza Suite 218

Rosedale, N.Y. 11422

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[WWW.NYCouncil.com](http://WWW.NYCouncil.com)

## Application for Membership

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Office Name \_\_\_\_\_

Office Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ Home Number (\_\_\_\_) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Chiropractic College \_\_\_\_\_ Graduation Date \_\_\_\_\_

NYS License # \_\_\_\_\_ Other Prof. Memberships \_\_\_\_\_

Recommended by \_\_\_\_\_

District you wish to be assigned (*check one*)    Office County    Home County

I hereby apply for membership in the New York Chiropractic Council, agreeing to abide by the Constitution and By Laws adopted by the Board and Officers of the Council under the provisions of the Constitution and By Laws hereafter legally adopted.

Signature \_\_\_\_\_

Type	Annual	Quarterly	Monthly
General Membership	\$450.00	\$120.00	\$40.00
First Year Graduate	100.00	25.00	N/A
Second Year Graduate	250.00	69.00	23.00
Third Year Graduate	350.00	93.00	31.00
Associate/Affiliate Member	150.00	45.00	N/A
Disabled Chiropractor	100.00		
Student Member	<b>FREE</b> until Graduation		
CANY Member	<b>FREE</b>		

Quarterly and monthly payments **MUST** be secured with a credit card! There is a one-time application fee of **\$15.00**. Enclosed is my check or below is my credit card information.

Check enclosed    Amex    Visa    MasterCard

Acct. # \_\_\_\_\_ Security Code \_\_\_\_\_ Expiration \_\_\_\_\_

Signature \_\_\_\_\_

Please return application and payment to the New York Chiropractic Council  
One Cross Island Plaza Suite 218 Rosedale, N.Y. 11422



# COUNCIL DUES AGREEMENT

## NEW YORK CHIROPRACTIC COUNCIL

One Cross Island Plaza Suite 218 Rosedale, N.Y. 11422

**Circle the membership type to which you belong in column 1, then circle one payment period to the right of your membership type. Please initial.**

<u>Membership Type</u>	<u>Annual</u>	<u>Quarterly</u>	<u>Monthly</u>
Original Membership	\$300.00	\$ 78.00	\$ 26.00
General Membership	\$450.00	\$120.00	\$ 40.00
3 <sup>rd</sup> Year Graduate	\$350.00	\$ 93.00	\$ 31.00
2 <sup>ND</sup> Year Graduate	\$250.00	\$ 69.00	\$ 23.00
1 <sup>st</sup> Year Graduate	\$100.00	\$ 25.00	N/A
Affiliate Membership	\$150.00	\$ 45.00	N/A

**For quarterly or monthly payment periods, I agree to a one year membership in the New York Chiropractic Council Complete and sign the appropriate choice**

### **Choose quarterly payments for Security only:**

This is for **security payment only**. I have chosen **QUARTERLY** payments and for that reason, I authorize the Council to charge my credit card for my dues **ONLY** if I do not send payment by any other means on or before the due date for the dues period billed. I realize that if my credit card is billed, and my payment arrives after my card is charged, it will be applied to the following dues period. I am responsible for timely payment of my dues.

Credit card number

Security code

Expiration date

Signature

Date

**-or-**

### **Automatic charge (For quarterly and monthly dues only):**

I hereby authorize the New York Chiropractic Council to automatically charge my credit card per quarter/month. I understand that the Council will submit a charge for the appropriate amount due each quarter/month as I have indicated above. This will be done by the first week of the quarter/month unless notified by me in writing and after I have completed the first full year of membership. **Please note that monthly dues MUST be placed on an automatic basis.**

Credit card number

Security code

Expiration date

Signature

Date

**I am aware that at any time during the first year of membership if for any reason the Council does not receive my dues, that they are allowed under this contract to charge my credit card the remainder of the year.**