



National Upper Cervical
Chiropractic Association

2020 NUCCA MEMBERSHIPS RUN JANUARY THROUGH DECEMBER

PAY IN FULL BY NOVEMBER 30, 2019 AND RECEIVE A 10% DISCOUNT

GREGORY CIRCLE PACKAGES (INCLUDES 2020 SPRING & FALL CONFERENCES)

DIAMOND: \$12,000 and up or \$1,000 monthly*

PLATINUM: \$9,985 or \$832.09 monthly*

GOLD: \$7,485 or \$623.75 monthly*

SILVER: \$4,985 or \$415.42 monthly*

SR. BRONZE: \$2,795 or \$232.92 monthly*

BRONZE: \$2,485 or \$207.09 monthly*

JR. SILVER: \$3,395 or \$282.92 monthly*

JR. BRONZE: \$2,195 or \$182.92 monthly*

* Recently graduated doctors (<2 yrs.) and seniors (65+) can receive \$500 off the above prices

* Monthly payment amounts are based on memberships starting in January

NUCCA Membership Packages (includes both 2020 spring & fall conferences)

Active (2+ years in practice): \$1,595

Graduate (<2 years in practice): \$945

Senior 65+: \$945

Student: \$345 (both 2020 conferences incl.)

Student: \$245 (one 2020 conference incl.)

Basic NUCCA Membership (conferences not included)

Active: \$595

Graduate: \$295

Lifetime: \$12,000

Senior: \$295

Student: \$95

NUCCA memberships will get a pro-rated fee depending on when they renew. Members will still pay full membership dues through June 30th. After July 1st members will receive a 50% discount on their dues.

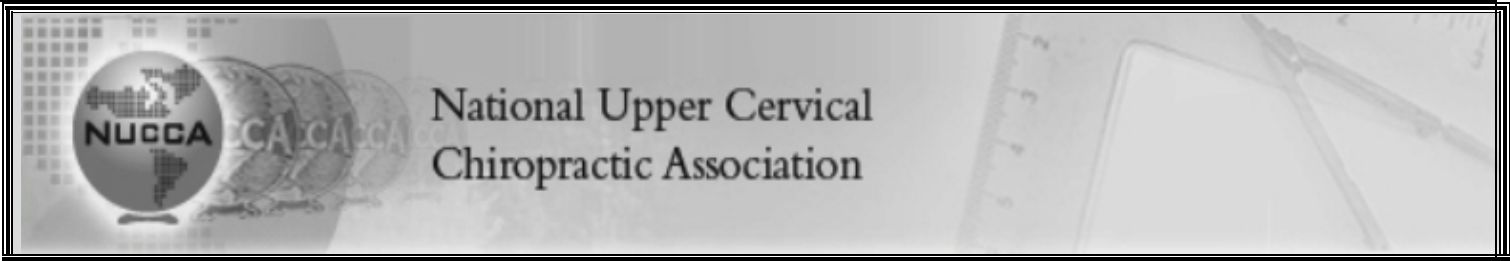
REFUND POLICY:

NUCCA membership is non-refundable and cannot be transferred to another person.

NUCCA membership packages: due to the extensive discounts given to NUCCA membership packages, including but not limited to Gregory Circle packages, no refunds are permitted. The package includes membership, both conferences, significant discounts from the NUCCA store and other benefits. If a conference is missed, it is neither refundable nor eligible for rollover, or transferrable to another person.

MEMBERSHIP/CONFERENCE POLICY:

To be listed in the NUCCA directory a doctor must be a member in good standing of NUCCA and have attended at least one NUCCA Spring conference or NUCCA Fall conference during the preceding two calendar years.



I hereby apply for membership to the National Upper Cervical Chiropractic Association, Inc. (NUCCA) DUES:

NAME: _____

PRACTICE NAME: _____

OFFICE ADDRESS: _____

CITY: _____ STATE: _____ POSTAL CODE: _____ COUNTRY: _____

PHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

NUMBER OF YEARS YOU HAVE PRACTICED NUCCA: _____ CERTIFICATION STATUS: _____

Chiropractic college graduated or are attending: _____ Grad Year: _____

If I receive a patient referral from www.NUCCA.org I will perform the NUCCA technique. _____ (Initials required)

MEMBERSHIP PAYMENT INFORMATION

ALL PAYABLE IN US FUNDS - NO CANADIAN rates available at this time.

CREDIT CARD PAYMENT: VISA, MASTERCARD or AMERICAN EXPRESS ONLY

NAME ON THE CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CVV CODE NUMBER ON BACK: _____ (3 Digits)

CHECK PAYMENT

Make check payable to NUCCA and mail it along with your application to: **NUCCA
5353 Wayzata Blvd.
Suite 350
Minneapolis, MN 55416**

PAYMENT OPTIONS

_____ PAYMENT IN FULL _____ MONTHLY PAYMENTS

Check here if you would like to be automatically renewed next year (2021) _____

SIGNATURE: _____ DATE: _____

If you have any questions, please contact NUCCA at: 1-800-541-5799 or e-mail at info@nucca.org