

NUCCA MEMBERSHIPS January - December 2021

PAY IN FULL BY NOVEMBER 30, 2020 & RECEIVE A 10% DISCOUNT!



National Upper Cervical
Chiropractic Association

Gregory Circle Packages (includes 2021 spring & fall conferences)

With each Gregory Circle package listed here a portion of your membership is donated to support important research done by UCRF!

- | | |
|--|--------------------------|
| <input type="checkbox"/> DIAMOND: \$12,000 and up or \$1,000 monthly* | \$10,405 donated to UCRF |
| <input type="checkbox"/> PLATINUM: \$9,985 or \$832.09 monthly* | \$8,390 donated to UCRF |
| <input type="checkbox"/> GOLD: \$7,485 or \$623.75 monthly* | \$5,890 donated to UCRF |
| <input type="checkbox"/> SILVER: \$4,985 or \$415.42 monthly* | \$3,390 donated to UCRF |
| <input type="checkbox"/> JR. SILVER: \$3,395 or \$282.92 monthly* | \$1,200 donated to UCRF |
| <input type="checkbox"/> SR. BRONZE: \$2,795 or \$232.92 monthly* | \$890 donated to UCRF |
| <input type="checkbox"/> BRONZE: \$2,485 or \$207.09 monthly* | \$1,800 donated to UCRF |
| <input type="checkbox"/> JR. BRONZE: \$2,195 or \$182.92 monthly* | \$600 donated to UCRF |

* 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 2021 spring & fall conferences)

- | | |
|---|---|
| <input type="checkbox"/> Active (2+ years in practice): \$1,595 or \$132.92 monthly* | <input type="checkbox"/> Retired: \$445 (both 2021 conferences included) |
| <input type="checkbox"/> Graduate (<2 years in practice): \$945 or \$78.75 monthly* | <input type="checkbox"/> Student: \$345 (both 2021 conferences included) |
| <input type="checkbox"/> Senior 65+: \$945 or \$78.75 monthly* | <input type="checkbox"/> Student: \$245 (one 2021 conference included) |

* Monthly payment amounts are based on memberships starting in January

Basic NUCCA Membership (conferences not included)

- | | |
|---|---|
| <input type="checkbox"/> Lifetime: \$12,000 | <input type="checkbox"/> Senior: \$295 or \$24.58 monthly* |
| <input type="checkbox"/> Active: \$595 or \$49.58 monthly* | <input type="checkbox"/> Retired: \$95 |
| <input type="checkbox"/> Graduate: \$295 or \$24.58 monthly* | <input type="checkbox"/> Student: \$95 |

* Monthly payment amounts are based on memberships starting in January

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 transferable to another person.

DIRECTORY LISTING 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 conference during the preceding two calendar years.

In addition, only the following membership types are eligible to be listed within the NUCCA directory.

- Active Members
- Gregory Circle Members
- Lifetime Members
- Senior Members

Exceptions to these requirements may be made by majority vote of the board of directors. Such exceptions shall be published to all current members of NUCCA upon a decision being reached.

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

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National Upper Cervical
Chiropractic Association

Membership Application

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

Name: _____ Practice Name: _____
Office Address: _____ City: _____ State: _____
Postal Code: _____ County: _____
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 Credit Card: _____ Credit Card Number: _____

Exp. Date: _____ CVV Code: _____ (*3 Digit number on back*)

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 (2022)

Signature: _____ Date: _____