NUCCA MEMBERSHIPS January - December 2027

PAY IN FULL BY NOVEMBER 30, 2026 & RECEIVE A 5% DISCOUNT!

NUCCA
NATIONAL UPPER CERVICAL CHIROPRACTIC ASSOCIATION

Gregory Circle Packages *(includes 2027 Spring & Fall Conferences)*

With each Gregory Circle package listed here a portion of your member dues is donated to advance programs and projects in the areas of research, education, and public awareness.

☐ **DIAMOND:** $12,540 and up or $1,045 monthly*	*$10,305 donated to research, education, and public awareness*
☐ **PLATINUM:** $10,500 or $875.00 monthly*	*$8,305 donated to research, education, and public awareness*
☐ **GOLD:** $8,040 or $670.00 monthly*	*$6,000 donated to research, education, and public awareness*
☐ **SILVER:** $5,370 or $447.50 monthly*	*$3,400 donated to research, education, and public awareness*
☐ **JR. SILVER:** $3,705 or $308.75 monthly*	*$1,800 donated to research, education, and public awareness*
☐ **SR. BRONZE:** $3,060 or $255.00 monthly*	*$1,200 donated to research, education, and public awareness*
☐ **BRONZE:** $2,745 or $228.75 monthly*	*$900 donated to research, education, and public awareness*
☐ **JR. BRONZE:** $2,400 or $200.00 monthly*	*$600 donated to research, education, and public awareness*

* Recently graduated doctors (<2 yrs.) and seniors (65+) can receive $500 off the above prices; notify the NUCCA office to apply discount
* Monthly payment amounts are based on memberships starting in January.

NUCCA Membership Packages *(includes 2027 Spring & Fall Conferences)*

☐ **Active** *(2+ years in practice)*: $1,795 or $149.58monthly*
☐ **Graduate** *(<2 years in practice)*: $1,050 or $87.50 monthly*
☐ **Senior 65+**: $1,100 or $91.67 monthly*
☐ **Retired:** $575 or $47.92 monthly*
☐ **Student:** $365 *(**both** 2025 conferencesincluded)*
☐ **Student:** $255 *(**one** 2025 conference included)*

* Monthly payment amounts are based on memberships starting in January.

Basic NUCCA Membership *(Conferences not included)*

☐ **Lifetime:** $16,000
☐ **Active:** $795 or $66.25 monthly*
☐ **Graduate:** $365 or $30.42 monthly*
☐ **Senior:** $415 or $34.58 monthly*
☐ **Retired:** $150
☐ **Student:** $100

* 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: 952-564-3056 or e-mail at info@nucca.org

NUCCA MEMBERSHIPS January - December 2027

PAY IN FULL BY NOVEMBER 30, 2026 & RECEIVE A 5% DISCOUNT!

NUCCA
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 ☐American Express *(3% convenience fee added to all credit card transactions. No fee if dues paid by check.)*

Name on Credit Card:_____ Credit Card Number: _____

Exp. Date:_____ CVV Code:_____ Zip/Postal Code: _____

CHECK PAYMENT

Make check payable to NUCCA and mail it along with your application to:

NUCCA
10700 W Highway 55, Suite 275
Plymouth, MN 55441

PAYMENT OPTIONS

☐ Payment in Full ☐ Monthly Payments

☐ Check here if you would like to be automatically renewed next year *(2026)*

Signature:_____ Date:_____

If you have any questions, please contact NUCCA at: 952-564-3056 or e-mail at info@nucca.org