



nmca

New Mexico Chiropractic Association™

Serving the Profession since 1947

Year: 2025 MEMBERSHIP: _____ RENEWAL _____ NEW MEMBER _____

PLEASE PRINT and INDICATE HERE IF ANY OF YOUR INFORMATION IS NEW: _____ YES _____ NO

1. NAME _____ M/F _____
Office Address _____
City _____ State _____ Zip _____
County _____ Office Phone () _____ Fax () _____
E-mail _____
2. Date of Birth _____ Married _____ Single _____ Spouse's Name _____
3. Chiropractic College _____ Graduation Date _____
4. Other College(s) attended _____ Degree(s) Received _____
5. Board certified in these specialty areas _____
6. To what other Chiropractic Associations do you belong? _____
7. Do you have a valid NM Chiropractic License? _____ License Number _____
8. When did you begin practicing in New Mexico? ____ In what other states are you licensed to practice? _____
9. Techniques used in practice include: _____

I further agree to abide by the bylaws of the state association, to strive to attend association conventions regularly and to take part in my district meetings to the best of my ability. I further understand that by providing my fax number and/or e-mail address, I agree to receive faxes and/or e-mails sent by or on behalf of the NMCA.

Date _____ Applicant's Signature _____

| MEMBERSHIP DUES: | (All dues are calendar year) Please fill in appropriate amount on right.) | TOTAL |
|-------------------------|--|--------------|
| Regular Member: | \$550 annually, to be paid: ____ monthly ____ annually | \$ _____ |
| | \$250 annually for Doctors working part time due to impairment or illness, confirmed by physician ____ monthly ____ annually | \$ _____ |
| | \$250 first year in NM for previously licensed DC ____ monthly ____ annually | \$ _____ |
| New Licensee: | \$0.00 annually (within 1st 12 months), \$100 annually (within 2nd 12 months), & \$200 annually (within 3rd 12 months) for DCs just out of Chiropractic College | \$ _____ |
| Out-of-State Doctor: | \$150 annually (licensed DC practicing outside NM) | \$ _____ |
| Student: | \$25 annually | \$ _____ |



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|-------------------------------------|--|-----------------|
| Chiropractic Assistant | \$75 annually | \$ _____ |
| Professional Associates: | \$250 annually (non-DC business or individual) | \$ _____ |
| Honorary Member: | Exempt from dues (retired and age 60+ or disabled. Must Be approved by NMCA board) | |
| Early Renewal: | <i>If paid in full by 12/31 before membership year - 10%</i> | \$ _____ |
| CONTRIBUTIONS: | | |
| PAC: | Non-deductible political action contribution fund | \$ _____ |
| President's Circle: | Non-deductible discretionary, legislative & lobbyist fund Member: \$1,000 or more; Associate: \$1-\$999 | \$ _____ |
| Scholarship Fund: | Contribute to helping new Doctors of Chiropractic | \$ _____ |
| Total Dues and Contributions | | \$ _____ |

See EZPay form included in package for your convenience!!

I am paying by (circle one): Visa # MC# AMX# DISC# Card#: _____

Expiration Date: _____ CVV CC ZIP CODE _____

PLEASE MAKE OUT SEPARATE CHECKS FOR MEMBERSHIP, PAC AND PRESIDENT'S CIRCLE.

Please mail application with credit card information, check or money order to NMCA at below address or fax to 505-554-1482