


ANJC Membership New Member Form – 2010

Full Time	<input type="checkbox"/> \$43/mo	<input type="checkbox"/> \$117/qtr	<input type="checkbox"/> \$450/yr
Part Time (<15hrs/wk)	<input type="checkbox"/> \$34/mo	<input type="checkbox"/> \$93/qtr	<input type="checkbox"/> \$350/yr
Associate DC	N/A	<input type="checkbox"/> \$68/qtr	<input type="checkbox"/> \$250/yr
DC Lic < 1yr	N/A	<input type="checkbox"/> \$55/qtr	<input type="checkbox"/> \$200/yr
Executive Circle	<input type="checkbox"/> \$120/mo	<input type="checkbox"/> \$355/qtr	<input type="checkbox"/> \$1400/yr
Out of State (Not practicing in NJ)	N/A	<input type="checkbox"/> \$68/qtr	<input type="checkbox"/> \$250/yr
<input type="checkbox"/> Retired - \$30/yr (inactive license)	Student <input type="checkbox"/> \$25 (total until graduated)		

Note: "Section 6033(e) of the Internal Revenue Code requires us to notify you that up to 10.3% of your 2010 annual dues billing is allocable to non-deductible lobbying and political expenses".

Can't Get It Done Without You - ANJC speaks as ONE voice in Trenton by having the most qualified lobbying firm, Capital Public Affairs, working alongside our legislative committee. ANJC's PAC is the fundraising arm charged with promoting the political agenda designed to best serve chiropractors throughout NJ. ANJC hopes to raise \$150K. ANJC respectfully requests your tax deductible voluntary contribution. \$25/mo \$25/qtr Other \$ _____

Contact Information

Name		Address		
City		State	Zip	County
Email		Website		Chiropractic College
Phone		Cell	Fax	Date of Birth
Year Graduated	NJ License #		Year Issued	Other States Licensed
If interested in serving on ANJC committees, please indicate areas of interest:				
Referred by:		Why join at this time?		

Method of Payment

<input type="checkbox"/> Credit Card	<input type="checkbox"/> Annual	<input type="checkbox"/> Visa	<input type="checkbox"/> MC	<input type="checkbox"/> AMX	<input type="checkbox"/> Discover
<input type="checkbox"/> Debit Card	<input type="checkbox"/> Quarterly	Card # _____ Exp Date _____			
<input type="checkbox"/> Monthly					
<input type="checkbox"/> Check	Payment by check is reserved for annual dues only. Please make payable to ANJC.				

The undersigned authorizes ANJC to charge the credit card or debit card specified in the amount indicated above for membership to ANJC. Membership automatically renews beyond the first year anniversary of agreement unless member provides ANJC 30-day notification, in writing, that they want to discontinue cycle billing.

Print Name _____

Signature _____ Date _____

By signing this Application for Membership, the applicant hereby certifies that the information provided is accurate and that the applicant: i.) is licensed to practice Chiropractic in the State of New Jersey; ii) his or her license to practice chiropractic is not presently inactive, suspended or revoked; iii) is not in default of any dues owed to the ANJC; iv) is not in violation of any of the provisions of the ANJC By-Laws, Articles of Incorporation and/or Policy; and v) has never pleaded guilty, entered a plea of *nolo contendere*, or has been found guilty by a judge or jury of a felony. If any of the information provided by Applicant is inaccurate, the Applicant agrees and understands that the ANJC has the right to revoke Applicant's membership pursuant to Article II, Section 2.2 of the ANJC By-Laws. By signing this Application for Membership, the applicant hereby agrees to abide by ANJC charter membership and by-laws, and also certifies that the information provided is accurate and that the applicant: i.) is licensed to practice Chiropractic in the State of New Jersey; ii) his or her license to practice chiropractic is not presently inactive, suspended or revoked; iii) is not in default of any dues owed to the ANJC; iv) is not in violation of any of the provisions of the ANJC By-Laws, Articles of Incorporation and/or Policy; and v) has never pleaded guilty, entered a plea of *nolo contendere*, or has been found guilty by a judge or jury of a felony. If any of the information provided by Applicant is inaccurate, the Applicant agrees and understands that the ANJC has the right to revoke Applicant's membership pursuant to Article II, Section 2.2 of the ANJC By-Laws.

Voting Privileges: ANJC members may choose to have their voting privileges assigned to either a *Geographic Region* or statewide *Council of New Jersey Chiropractors* region (CNJC). Voting privileges are identical except members choosing a *Geographic Region* vote for Board Members from their specific *Geographic Region* (Northeast, Northwest, Central or Southern); members choosing *CNJC* vote for Board Members from the statewide CNJC Region. All members can vote for ANJC President and Vice-President and may attend meetings/events of all other regions.

CNJC is a unified partner and region of ANJC. Voting privileges in the CNJC Region of the ANJC is open to all traditional subluxation-based ANJC members opposed to all of the following practice acts: 1) paper reviews of chiropractic care, 2) MD/DC practice structures, and 3) manipulation under anesthesia.

Please check one voting option: Geographic Region CNJC Region