

The National Business Association for Chiropractors (NBAC) was formed to help D.C.s with the business aspects of their personal planning and professional career. If you are a licensed chiropractor with an active malpractice insurance policy, you are eligible to enroll in NBAC.

It's *easy* to enroll:

- 1.** Simply complete the general information below and return this form with your payment authorization or a \$15.00 check payable to NBAC. Include a copy of your malpractice insurance declarations page showing your current policy period.
- 2.** Return your form, check or payment authorization and proof of insurance to NBAC Membership by:

**Fax:** 1-800-996-2642  
**Email:** submissions@ncmic.com  
**Mail:** NBAC Membership  
 PO Box 9118  
 Des Moines, IA 50306-9912

An NBAC member identification card will be mailed to you shortly.

**MEMBER INFORMATION**

Name \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female   
Month Day Year

Email \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
Your email address will never be sold. It will be used to send you important notices.

**PAYMENT AUTHORIZATION**

Bank Name: \_\_\_\_\_ Credit Card Number (Mastercard® or VISA®): \_\_\_\_\_

Transit ABA: \_\_\_\_\_

Account #: \_\_\_\_\_ **OR** Exp. Date: \_\_\_\_\_

Accountholder: \_\_\_\_\_ Cardholder: \_\_\_\_\_

I request and authorize NCMIC electronically debit the bank account or charge the credit/debit card listed above for the \$15.00 NBAC annual membership dues and remit my membership dues to NBAC. This authorization is only for this one-time payment. I verify that I am the accountholder.

Signature: X  
(required)