

# Why Invest in the



# ?



# P<sup>2</sup>

**The SDCA Mission:**  
Promote and Protect the  
Chiropractic Profession.

*Since 1921, the South Dakota Chiropractors Association  
has been PROMOTING and PROTECTING the chiropractic profession.*

*We look forward to doing the same for you.*

#### **DISCOUNTS & SAVINGS**

**ROI: \$1,500+**

SDCA members have access to a wide array of members only benefits including:

- Significant Discounts on Disability Coverage
  - Standard 40 year old female \$4,633.68
  - Standard 40 year old female SDCA \$2,131.80
  - SAVINGS: \$2,501.88**
  - Standard 40 year old male \$3,453.08
  - Standard 40 year old male SDCA \$2,131.80
  - SAVINGS: \$1,321.28**
- Group Dental Plan
- 401K Investments
- \$39 Super Conference
- Long Term Care Policies
- AFLAC plans
- F4CP Membership - Free

#### **INSURANCE EQUALITY LAWS**

**ROI: PRICELESS**

The SDCA continues efforts in working with insurance companies, the Department of Labor and Division of Insurance to improve insurance coverage for the chiropractic profession and greater access to care.

#### **CONNECTION**

**ROI: PRICELESS**

The SDCA always delivers the latest in local, state, and regional chiropractic happenings. As a member, you will receive emails on a regular basis to keep you informed of what's happening with our profession.

#### **STAFF SUPPORT**

**ROI: PRICELESS**

SDCA staff and volunteers make valuable contributions in supporting the associations overall mission of promoting and protecting the chiropractic profession. They provide leadership and professional expertise at the highest levels. They are responsible for identifying objectives, formulating strategy, directing programs and managing resources.

#### **EDUCATION**

**ROI: \$300+**

Education programs are offered once a year at the annual Super Conference along with various opportunities throughout the year.

#### **LEGAL ACTION**

**ROI: PRICELESS**

The SDCA continually monitors legal issues of importance to the profession. When necessary, the SDCA takes action to protect the interests of the practitioner.

#### **LEGISLATIVE ACTION & ADVOCACY**

**ROI: \$15,000+**

The SDCA has a full time lobbyist to pass legislation favorable to Chiropractors. Our lobbyist also monitors the legislative climate in South Dakota and represents your interests. Significant strides for the profession have been made through our effective legislative program.

#### **PR, MARKETING & SOCIAL MEDIA CONTENT**

**ROI: \$5,000+**

SDCA develops PR materials and marketing tools to assist the doctor's personal and practice success, at reduced or no cost. The SDCA will also post to your social media pages one time per day, five days a week with board approved social media content. Need a stock photo for your ads or presentations? The SDCA can also help with that!

#### **SDCA WEBSITE**

**ROI: \$1,500+**

The SDCA website is a comprehensive, highly functional site for your use and the use of your patients. The home page of [www.LiveWellSouthDakota.com](http://www.LiveWellSouthDakota.com) is designed for viewing and use by both you the chiropractor and by your patients and the general public. For a full list of your member benefits, please visit the website.

#### **LIST SERVE MEMBERSHIP**

**ROI: \$600**

The SDCA list serve is a great tool for communication between members. It is a great resource for you and your staff for any questions you may have, or to disseminate information on current events, articles, etc.

#### **CHIROPRACTIC ASSISTANT TRAINING**

**ROI: \$300+**

20-hour and 4-hour online chiropractic assistant training that meets all of the South Dakota Board of Chiropractic Examiners requirements.

**That's easily over \$10,000 in services and savings a year. Your investment in the SDCA will allow us to continue to Promote and Protect the practice of chiropractic and provide choice in health care in South Dakota.**

#### **SDCA Contact Information:**

**Address: PO Box 2110, Rapid City, SD 57709**

**Phone: 605-791-0770 Fax: 605-791-2137**

**Email: [katy@sdchiropractors.com](mailto:katy@sdchiropractors.com)**

**Website: [www.LiveWellSouthDakota.com](http://www.LiveWellSouthDakota.com)**

# Monthly Membership Subscription

- |   |                 |   |                 |
|---|-----------------|---|-----------------|
| <input type="checkbox"/> GENERAL MEMBERSHIP   | \$50.00 a month | <input type="checkbox"/> OVER AGE 65            | \$40.00 a month |
| <input type="checkbox"/> FIRST YEAR GRADUATE  | COMPLIMENTARY   | <input type="checkbox"/> OVER AGE 70            | \$25.00 a month |
| <input type="checkbox"/> SECOND YEAR GRADUATE | \$5.00 a month  | <input type="checkbox"/> OVER AGE 75            | \$15.00 a month |
| <input type="checkbox"/> THIRD YEAR GRADUATE  | \$15.00 a month | <input type="checkbox"/> NON-PRACTICING/RETIRED | \$15.00 a month |
| <input type="checkbox"/> FOURTH YEAR GRADUATE | \$25.00 a month |   |                 |
| <input type="checkbox"/> FIFTH YEAR GRADUATE  | \$40.00 a month |   |                 |

**\* If you would like to pay via check, please multiply monthly rate by 12 and submit for your annual membership dues.**

*For your records, please note that the Revenue Reconciliation Act of 1993 states that association dues used for lobbying are not deductible as business expenses. As a result, for dues collected, 26 percent of your dues are not deductible.*

Name: \_\_\_\_\_ Office Phone: (     ) \_\_\_\_\_

Cell Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Legislative District: \_\_\_\_\_

Website: \_\_\_\_\_

Do you know any Legislators personally? If yes, may we include you on our key contact list?

Legislators: \_\_\_\_\_

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM:

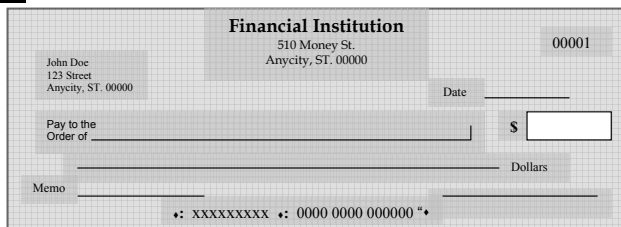
As a duly authorized check signer on the financial institution account identified below, I authorize the South Dakota Chiropractors Association to perform monthly electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. This applies to check by phone payments as well as any other electronic payment. For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below. I understand and authorize all of the above as evidenced by my signature below.

### Financial Institution account “identifying information”:

Enter financial institution account information into the fields provided below or attach a blank VOID check.

Complete or attach Blank VOID Check here.	<b>Financial institution:</b>		<b>Branch:</b>	
	<b>City:</b>		<b>State:</b>	<b>ZIP CODE:</b>
	<b>Transit/ABA #</b>		<b>Account #</b>	

### Example



Authorizing Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

This is the 9 digit Transit / ABA Bank Routing number.

The Account number is usually to the right of the Routing number. Some Financial Institutions add the check number between the Routing and Account numbers

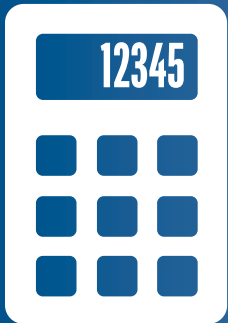


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Rapid City, SD  
57709

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# DISCOUNTS & SAVINGS

## DISABILITY COVERAGE

-AFFORDABILITY THROUGH MEMBERSHIP-

- Significant Discounts on Disability Coverage

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