



Maryland Chiropractic Association

2017 Membership Form

Please choose your membership category:

Name: _____

Practice: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email: _____

License Date: _____

ANNUAL DUES

<input type="checkbox"/> Continuous membership	\$500
<input type="checkbox"/> Monthly auto debit	\$42
<input type="checkbox"/> Active membership	\$550
<input type="checkbox"/> Monthly auto debit	\$46
<input type="checkbox"/> Graduation Year	\$50
<input type="checkbox"/> 2 years following graduation	\$300
<input type="checkbox"/> Monthly auto debit	\$25
<input type="checkbox"/> DC Spouse of member	\$250
<input type="checkbox"/> Monthly auto debit	\$21
<input type="checkbox"/> Out of State	\$150
<input type="checkbox"/> Chiropractic Assistant	\$25
<input type="checkbox"/> Student	\$25
<input type="checkbox"/> Supporting Member	\$400

Please enroll me as a Continuous Member of the MCA. Save 10% That makes my yearly dues just \$500.

(Includes three \$50 coupon codes upon enrollment.)

Becoming a continuous Member helps the MCA by reducing the expense associated with billing members and the time it takes to receive payment each year. By choosing this option, you will remain a continuous member of the MCA unless you notify the MCA otherwise. We ask that you provide your credit card information and authorize us to debit your annual dues payment and C-PAC contribution, as indicated today, unless you make payment by check either with this application or prior to January 15th of each consecutive year.

Auto Debit Authorization

I authorize the Maryland Chiropractic Association at 9 Newport Dr., Suite 200, Forest Hill, MD 21050, and/or a financial institution to be named later working on behalf of the MCA to initiate recurring payments from my credit account, in the amount indicated below. My authorization will remain in effect until I notify the MCA, in writing, to cancel it. If I do cancel my authorization, I will do so in such time as to afford the financial institution a reasonable opportunity to act. I maintain the right to stop payment of any entry simply by notifying the MCA three (3) days before my account is charged. Likewise, the cost of my annual membership and PAC contribution will automatically be withdrawn unless I notify the MCA of my intention to cancel my membership or modify my PAC contribution.

Signature: _____

Please enroll me as a member of the MCA for this year only.

(Includes two \$50 coupon codes upon renewal)

(Note: To pay monthly you must be a Continuous Member)

	Annually	Monthly
MCA Membership Dues:	\$	\$
C-PAC Contribution:	\$	\$
Total(Choose One):	\$	\$

C-PAC CONTRIBUTION

<input type="checkbox"/> President	\$1,000+
<input type="checkbox"/> Governor	\$500 - \$999
<input type="checkbox"/> Senator	\$365 - \$499
<input type="checkbox"/> Delegate	\$100 - \$364
<input type="checkbox"/> Member	\$25 - \$99

WE NEED YOUR SUPPORT

Political Action Committee funds are used to further the legislative needs of the chiropractic profession in Maryland. Contributions are not tax deductible.

Please debit my card:	<input type="checkbox"/> Annually	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
Card Type:	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	
Credit Card #:				Expiration Date:
Signature:				CVV2#:

Please Note: Your credit card statement and receipts will read "Maryland Chiropractic". Payments may also be made by check, made out to the Maryland Chiropractic Association. Contributions or gifts to the MCA are not tax deductible as charitable contributions for income tax purposes. They may be tax deductible as an ordinary and necessary business expense subject to restrictions imposed as a result of association lobbying activities. The MCA estimates that 51% of your dues are non-deductible.

Please return with payment to:

MCA | 9 Newport Drive, Suite 200 | Forest Hill, MD 21050 | Ph: 443-966-3880 | Fax: 443-640-1030 | info@marylandchiro.com