



# Maryland Chiropractic Association

## Application Form

Name:	Practice:
Address:	City/State/Zip:
Phone:	Fax:
Email:	License Date:

***If you are joining as a 1<sup>st</sup> time member, please contact MCA Headquarters at (410) 625-1155 for a special offer.***

### Please Choose Your Membership Category:

#### ANNUAL DUES

<input type="checkbox"/> Active membership (2) coupons	\$500
<input type="checkbox"/> Monthly debit	\$42
<input type="checkbox"/> Graduation Year	\$50
<input type="checkbox"/> 2 years following graduation (1) coupon	\$250
<input type="checkbox"/> DC Spouse of member (1) coupon	\$250
<input type="checkbox"/> Out of State	\$100
<input type="checkbox"/> Chiropractic Assistant	\$25
<input type="checkbox"/> Student	\$25

#### C-PAC CONTRIBUTION (Circle One)

President	\$1,000+
Governor	\$500 - \$999
Senator	\$365 - \$499
Delegate	\$100 - \$364
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.

#### Auto Debit Authorization

I authorize the Maryland Chiropractic Association at 720 Light Street, Baltimore, MD 21230, 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 Likewise, the cost of my annual membership and PAC contribution will automatically be withdrawn unless I notify the MCA of my intention to cancel my membership or modify my PAC contribution.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.

Payment will be made by check or credit card.

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

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

Please debit my card:	Annually	Semi-Annually	Quarterly	Monthly
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card Type:	VISA	MasterCard	AMEX	
Credit Card #:				Exp. Date:
Signature:				CCV2#:

<b>Billing address (if different than above):</b>		
Name on card:		
Street address:		
City:	State:	Zip:

*Please Note: Your credit card statement and receipts will read "Association Headquarters". 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  
720 Light Street,  
Baltimore, MD 21230  
P: 410.625.1155 | F: 410.752.8295 | MCA@assnhqtrs.com