

Mississippi Chiropractic Association, Inc.

MEMBERSHIP FORM

Vickie M. Webb, Executive Director

P. O. Box 1266 - Summit, MS 39666

Telephone (601)276-3336 Fax (601)276-3335

Full Name		Birth Date		MS License #	
Spouse Name				Doctor's Cell #	
Home Address		City		Home Phone	
			State	Zip	
E-mail Address			Web Site		

Clinic Name		Phone	
Clinic Address			Fax
City		State	Zip

I hereby attest to the accuracy of the forgoing information and apply for membership in the Mississippi Chiropractic Association, Inc. I agree to comply with the bylaws and code of ethics of this Association. I also understand that failure to remit dues will result in the suspension of rights and privileges of membership.

Make all checks payable to **Mississippi Chiropractic Association (MCA)**

If you have any questions concerning this invoice, please call.

THANK YOU FOR SUPPORTING MCA!

Automatic Renewal Clause: This Agreement will automatically renew for successive 12 month periods after its expiration unless written notice of termination is given by either party.

Please mark appropriate section.

I WANT MY DUES TO STAY ON CHECK DRAFT (OR) CREDIT CARD DRAFT

One time draw for full amount Bill my account monthly Payment enclosed

APPLICANT'S SIGNATURE _____ Date _____

Credit Card Number	Exp. Date
---------------------------	------------------

Membership for Calendar Year 2014 (January - December)

Type of Practice		Annual	Monthly Draft	Type of Practice		Annual	Monthly Draft
First Year in Practice	<input type="checkbox"/>	Complimentary Membership		Fifth Year + in Practice	<input type="checkbox"/>	\$550	\$46.00
Second Year in Practice	<input type="checkbox"/>	\$250	\$21.00	Active Practice with one convention	<input type="checkbox"/>	\$850	\$71.00
Third Year in Practice	<input type="checkbox"/>	\$350	\$29.00	Honorary (75 years or older) or Special arrangements	<input type="checkbox"/>	Complimentary Membership	
Fourth Year in Practice	<input type="checkbox"/>	\$450	\$38.00				

Mississippi Chiropractic Emergency Relief Fund

In addition to my MCA membership please add \$10 \$20 \$30 \$_____ to my monthly draft or Please accept my one time donation of \$_____ to my draft enclosed