

# 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

<b>Full Name</b>		<b>Date of Birth</b>		<b>MS License#</b>	
<b>Spouse Name</b>			<b>Doctors Cell#</b>		
<b>Home Address</b>		<b>City</b>		<b>Home#</b>	
		<b>State</b>		<b>Zip</b>	
<b>Email Address</b>		<b>Web Site</b>			

<b>Clinic Name</b>		<b>Phone</b>	
<b>Clinic Address</b>		<b>Fax</b>	
<b>City</b>		<b>State</b>	<b>Zip</b>

*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.*

**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 Drawl for full amount  Bill my account monthly  Payment Enclosed

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

<b>Credit Card Number</b>	<b>Exp. Date</b>
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**Membership for Calendar Year 2012 (January – December)**

Type of Practice		Annual	Monthly Draft	Type of Practice		Annual	Monthly Draft
<i>Active Practice Includes One Convention</i>	<input type="checkbox"/>	\$750	\$62.50	<i>Active Practice Conventions paid separately</i>	<input type="checkbox"/>	\$450	\$38
<i>First Year In Practice</i>	<input type="checkbox"/>	Complimentary Membership		<i>Honorary (75 years or older) or Special arrangements</i>	<input type="checkbox"/>	Complimentary Membership	
<i>Second Year in Practice</i>	<input type="checkbox"/>	\$150	\$12.50	<i>Third Year in Practice</i>	<input type="checkbox"/>	\$250	\$21
<i>Fourth Year in Practice</i>	<input type="checkbox"/>	\$350	\$29	<i>Fifth Year in Practice</i>	<input type="checkbox"/>	\$450	\$38

**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