

Mississippi Chiropractic Association, Inc.

MEMBERSHIP FORM

Vickie M. Webb, Executive Director

P. O. Box 1266 - Summit, MS 39666

Telephone (769) 307-7082 Fax (769) 307-7099

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			
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 _____
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Membership for Calendar Year (January - December)

Type of Practice		Annual	Monthly Draft	Type of Practice		Annual	Monthly Draft
First Year in Practice		Complimentary Membership		Fifth Year + in Practice		\$600.00	\$50.00
Second Year in Practice		\$300.00	\$25.00	Active Practice with one convention		\$900.00	\$75.00
Third Year in Practice		\$400.00	\$33.00	Honorary (75 years or older) or Special arrangements		Complimentary Membership	
Fourth Year in Practice		\$500.00	\$42.00	Student Membership		Complimentary Membership	

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