



# Maryland Chiropractic Association

## 2018 Membership Form

**Please choose your membership category:**

### ANNUAL DUES

<input type="checkbox"/> Continuous Member	<b>\$500</b>
<input type="checkbox"/> Monthly auto debit	<b>\$42</b>
<input type="checkbox"/> Annual Member	<b>\$550</b>
<input type="checkbox"/> Monthly auto debit	<b>\$46</b>
<input type="checkbox"/> First Year	<b>\$0</b>
<input type="checkbox"/> Second Year	<b>\$300</b>
<input type="checkbox"/> Monthly auto debit	<b>\$25</b>
<input type="checkbox"/> DC Spouse of member	<b>\$250</b>
<input type="checkbox"/> Monthly auto debit	<b>\$21</b>
<input type="checkbox"/> Out of State	<b>\$150</b>
<input type="checkbox"/> Chiropractic Assistant	<b>\$25</b>
<input type="checkbox"/> Student	<b>\$25</b>
<input type="checkbox"/> Supporting Member	<b>\$400</b>

### C-PAC CONTRIBUTION

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

### 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.

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

**Please enroll me as a Continuous Member of the MCA (\$500).**  
*(Includes three \$50 coupon codes to be used online)*

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 31st 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 an Annual Member of the MCA for 2018 (\$550).**  
*(Includes two \$50 coupon codes to be used online)*

*(Note: To pay monthly/quarterly/semi-annual you must be a Continuous Member)*

	Annual
<b>MCA Membership Dues:</b>	<b>\$</b>
<b>C-PAC Contribution:</b>	<b>\$</b>
<b>Total:</b>	<b>\$</b>

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:	
Billing Address: <i>(if different from above)</i>				City/State/Zip:
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: 443-640-1031\* info@marylandchiro.com