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 succesive 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 2017 (January - December)

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