



MSCA 2008 MEMBERSHIP APPLICATION

If You're Already A Member, Ask Another DC To Join!

Name _____

Practice or Company Name _____

Office Address _____ Home Address _____

City/State/Zip _____ City/State/Zip _____

Office Phone _____ Home Phone _____

Fax Number _____ E-mail Address _____

Office County _____ Date of Birth _____

Chiropractic College _____

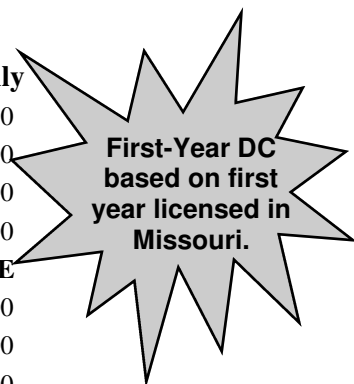
Graduation Date _____ If student, Expected Graduation Date _____

Date & State of First Licensure _____ Missouri License No. _____

Select MSCA Membership Level

The MSCA membership year is January 1 through December 31, 2008.

	Monthly	Quarterly	Annually
<input type="checkbox"/> Regular Member	\$33.33	\$100.00	\$400.00
<input type="checkbox"/> Fourth-Year DC	25.00	75.00	300.00
<input type="checkbox"/> Third-Year DC	16.66	50.00	200.00
<input type="checkbox"/> Second-Year DC	8.33	25.00	100.00
<input type="checkbox"/> First-Year DC	FREE	FREE	FREE
<input type="checkbox"/> 65 or Older	16.66	50.00	200.00
<input type="checkbox"/> Faculty	16.66	50.00	200.00
<input type="checkbox"/> Out-of-state	8.33	25.00	100.00
<input type="checkbox"/> Associate (non-DC)	16.66	50.00	200.00
<input type="checkbox"/> Student	(\$25 one-time charge or \$10 annually)		10.00



I choose not to be a full member at this time, but would like to help the MSCA in it's fight to defend, preserve and advance chiropractic for all chiropractors in the state of Missouri by contributing as a donor.
 Donor (\$10-199)

The tax deductible portion of your 2008 MSCA dues has been calculated to be 70%. The non-deductible percentage is 30% and relates to our lobbying activities.

Method of Payment: Convenient payment plans are available. Dues can be automatically charged to your credit card semi-annually or quarterly, or they can be debited from your checking account automatically every month.

***Important:** For your convenience, automatic monthly debits and quarterly charges continue annually. You may call to cancel at any time.

****Checking Auto Debit:** To start automatic debit from your checking, please call the MSCA office and a debit form will be sent to you.

Please bill \$_____ to my Visa MasterCard Discover ****Checking Account**

Annual (check or credit card) *Semi-Annual (credit card) *Quarterly (credit card) ****Monthly (checking auto debit)**

Credit Card Number _____ Expiration Date _____

Signature _____ Date _____

Make checks payable to MSCA and mail to: MSCA, 220 E. Dunklin, Jefferson City, MO 65101. Phone: 573-636-2553. Fax: 573-635-1470.