



# MSCA 2010 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, 2010.

	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"/> <b>First-Year DC</b>	<b>FREE</b>	<b>FREE</b>	<b>FREE</b>
<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 2010 MSCA dues has been calculated to be 82%. The non-deductible percentage is 18% 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 \_\_\_\_\_

Name as it appears on Credit Card \_\_\_\_\_

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.**