

Name _____ Company Name _____
 Designations: CCSP FIAMA DACBR Other: _____

Office Address _____

City _____ State _____ Zip _____

Office Phone Number _____ Office Fax Number _____

Home Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

Email Address _____

Missouri License Number _____ Date of Birth _____

Chiropractic College _____ Graduation Date (if student, please list expected date) _____

- I wish to opt out of having my office address listed on the *patient referral website*
- I wish to opt out of having my email listed in the MCPA Directory
- I wish to opt out of important email alerts from the MCPA (this includes: insurance, legislative, profession-wide info)
- I wish to never be contacted via email from the MCPA (this includes: membership, seminar, convention info)

2019 Tax Deductibility

The tax deductible portion of your 2019 MCPA dues is calculated to be 43%.

The non-deductible percentage is 57% and relates to lobbying activities.

Apply Online at
www.mcpachiro.org

Questions?
 Contact the MCPA

573-636-2553
 Fax: 573-635-1470
info@mcpachiro.org
www.mcpachiro.org

	Regular	Fourth Year	Third Year	Second Year	First Year	65+	Faculty	Out of State	Associate (Non DC)	Corporate Member	Student 1 Year	Student 3 Year
Annual	\$500.00	\$375.00	\$250.00	\$125.00	FREE	\$250.00	\$250.00	\$250.00	\$250.00	\$750.00	\$10.00	\$25.00
Semi-Annual	\$250.00	\$187.50	\$125.00	\$62.50	FREE	\$125.00	\$125.00	\$125.00	\$125.00	n/a	n/a	n/a
Quarterly	\$125.00	\$93.75	\$62.50	\$31.25	FREE	\$62.50	\$62.50	\$62.50	\$62.50	n/a	n/a	n/a
Monthly (Recurring Only)	\$41.67	\$31.25	\$20.83	\$10.42	FREE	\$20.83	\$20.83	\$20.83	\$20.83	n/a	n/a	n/a

Membership Level

Membership Level is based on year first licensed in Missouri*

- Regular
- Fourth Year
- Third Year
- Second Year
- First Year
- 65+
- Faculty
- Out of State
- Associate (Non DC)
- Corporate Member**
- Student - 1 year**
- Student - 3 year**

Payment Frequency

Please let us know how you would like to pay your dues

- Annual
- Semi-Annual
- Quarterly

Sign Me Up for Automatic Payments***

- Semi-Annual Recurring
- Quarterly Recurring
- Monthly Recurring

*MCPA reserves the right to determine membership levels and invoice for any discrepancies.
 **Separate Application may be required.
 ***Recurring payments are charged to your credit or debit card and automatically renew annually. Call to cancel at any time.

Method of Payment

Charge \$_____ to my

- American Express
- Discover
- Master Card
- Visa

_____ Credit Card Number

_____ Expiration Date

_____ Security Code

_____ Signature

Check # _____

Make checks payable to:

MCPA
PO Box 104446
Jefferson City, MO 65110-4446

I would like to attend the 2019 MCPA Summer Convention on August 1-3, 2019 at the Lodge of Four Seasons, Lake Ozark. I understand that I will be charged a \$100 cancellation fee if I do not attend and do not cancel my registration by notifying the MCPA Office in writing prior to July 1, 2019. I also understand that additional information may be required to complete my registration.