



MCPA Membership Application

Annual Membership: January 1 - December 31

Apply online at www.mcpachiro.org

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

Office Address _____

City _____ State _____ Zip _____

Office Phone Number _____ Cell Phone Number _____

Home Address _____

City _____ State _____ Zip _____

Email Address _____

Missouri License Number _____ Date of Birth _____

Chiropractic College _____ Graduation 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 (including insurance, legislative, profession-wide info)
- I wish to never be contacted via email from the MCPA (this includes: membership, seminar, convention info)

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)

MCPA reserves the right to determine membership levels and invoice for any discrepancies.

Payment Frequency

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

- Annual Invoice
- Semi-Annual Invoice
- Semi-Annual Recurring*
- Quarterly Invoice
- Quarterly Recurring*
- Monthly Recurring*

*Recurring payments are charged to your credit /debit card and renew annually. Call to cancel at any time.

Tax Deductibility: Visit www.mcpachiro.org/mcpa-member-dues-tax-information for current and past year deductible rates.

MCPA Membership Year: January 1 - December 31	Annual	Semi- Annual	Quarterly	Monthly Recurring
Regular	\$550	\$282	\$142	\$50
Fourth Year	\$419	\$217	\$110	\$39
Third Year	\$288	\$150	\$76	\$28
Second Year	\$157	\$85	\$43	\$17
First Year	FREE	FREE	FREE	FREE
65+	\$288	\$150	\$76	\$28
Faculty	\$288	\$150	\$76	\$28
Out of State	\$288	\$150	\$76	\$28
Retired DC	\$100	Contact MCPA Office for details		
Associate (Non DC)	\$288	\$150	\$76	\$28

Method of Payment

Charge \$_____ to my _____ Check # _____

- AmEx Discover MC Visa

Credit Card Number _____

Expiration Date _____ Security Code _____

Signature _____

Contact the MCPA Office:

MCPA
 PO Box 104446
 Jefferson City, MO 65110-4446

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