

Membership Application 2011

Contact Information

College Attended: _____
 Full Name: _____ License Number: _____
 Company/Clinic Name: _____
 Mailing Address: _____ City: _____
 State: _____ Zip Code: _____ County: _____
 Phone Number: _____ Fax Number: _____
 E-mail Address: _____ Website: _____

Membership Categories

**Fax and/or email will be used for member communications.*

- Membership Plus - \$1,500**
 - All Elements of Standard Membership
 - **ALL** OSCA Run CE Seminars for Doctor and Staff FREE (Approx. 20 events state wide in 2011) (**\$500+ value**)
 - OSCA Annual Convention for Doctor and Staff FREE (**\$400 Value +**)
- Standard Membership - \$750**
 - Access to Online Resource Center
 - Access to OSCA Staff for Q&A
 - Free Access to OSCA's 12 CE webinars (**\$600 value**)
 - Access to OSCA Affiliate Discounts (**\$400 value**)
- Joint Membership - \$950**
 - Joint membership is for husband and wife only, with the provision that one of the members does not conduct a full time practice.
Spouse Name: _____
 - Standard Membership Status

- Additional Associate/Physician - \$400**
 - DC's renewing/applying for membership that practice from the same office as a member paid in full are eligible.
Primary member: _____
 - Standard Membership Status
- Semi-Retired/Part Time - \$550** (< than 20 hrs / wk)
 - Standard Membership Status
- First Year Licensed - \$300**
 - Standard Membership Status
- Retired - \$150**
 - Standard Membership Status
- Out-of-State - \$100**
 - Standard Membership Status
- Student - \$20**
 - Standard Membership Status

Payment Methods

- Check enclosed for **FULL AMOUNT** made payable to the OSCA. **No checks will be accepted for partial payment unless accompanied by a credit card for remaining payments.**
- Charge my (please check): VISA MasterCard American Express Discover
 - Charge entire amount now
 - Charge my account in **TWO** (2) (now & July 2011) **equal payments** - add one-time \$5 service fee
 - Charge my account in **FOUR** (4) (now, April, July & Oct'11) **equal payments** - add one-time \$10 service fee

Account Number: _____

Expiration Date: _____ Security Code: _____

Address that Card is Issued to: _____

Membership Dues: \$ _____

Service Fee: \$ _____

Total Due: \$ _____

Payment of dues or other contributions to the Association are not tax deductible as charitable contributions for income tax purposes. They may, however, be tax deductible as ordinary and necessary expenses to the extent not allocated to lobbying expenses. OSCA estimates that the non-deductible portion of your dues is 25%.

Ethics Statement: I hereby certify that my Ohio chiropractic license is current, active and without disciplinary action; I am not in default of any dues owed to the OSCA; I am not in violation of any of the provisions of the OSCA By-Laws, Articles of Incorporation and/or policies; and I have never pleaded guilty, entered a plea of *nolo contendere*, or been found guilty by a judge or jury of a felony. If true, please sign below, if false please explain on the back side and sign below:

Signature: _____ Date: _____

By signing below I agree to have my membership auto renew each year in accordance with the terms above. My membership will auto renew until I say otherwise in writing. Should membership rates increase for my level of membership the OSCA will notify me before renewing my membership.

Authorized Signature: _____