

# MCA 2019 Associate Business Membership Levels and Benefits



Benefit	Platinum (\$9,500)	Gold (\$4,500)	Silver (\$2,500)	Bronze (\$600)
Access to members-only listserv	•	•	•	•
Priority in MCA sponsorship proposal review	•	•	•	•
Priority in sponsorship opportunities (golf outing, convention, etc.)	•	•	•	•
Access to member-exclusive networking opportunities	•	•	•	•
Business listed in online ABM directory	•	•	•	•
Opportunity to sponsor an MCA district meeting	•	•	•	•
Receive MCA newsletter and other communication throughout the year	•	•	•	•
Opportunity to submit articles to the monthly newsletter	•	•	•	•
Opportunity to participate on a committee	•	•	•	•
Ad in monthly Email newsletter (1 per issue)	Body Ad	Sidebar Ad	50% off Ad rates	25% off Ad rates
Exhibitor space at annual convention	2 booths + 4 reps	1 booth + 2 reps	1 booth + 1 rep	25% off exhibit booth
Annual convention sponsorship credit	\$2,000	\$500		
Hole sponsorship at annual golf outing	1 hole (\$300)	1 hole (\$300)	1 hole (\$300)	
Golf registrations at annual golf outing	1 foursome	2 golfers	2 golfers	
Company name recognition in MCA emails	Logo*	Company Name	Company Name	
Listing on MCA website home page	Logo* and link	Name and link	Name and link	
Enhanced listing on each page of website	Static logo*	Static logo*	Scrolling logo*	
Emails sent to MCA members on your behalf	4 emails	2 emails	1 email	

\*If there are more options/ads than the per issue maximum, company ads will be rotated per issue.

\*For online use, logos must be submitted as high-resolution (300 dpi or greater) JPG or PNG file. You can upload your logo at [http://www.mnchiro.com/submit\\_logo](http://www.mnchiro.com/submit_logo).

# MCA 2019 Associate Business Membership Application



Full Name \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_ Website \_\_\_\_\_

Products and Services \_\_\_\_\_  
 Please provide a brief description of your company to be posted on our website (50 words maximum): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## ABM Categories Please check the one that best applies

- Banking
- Billing Services & Accounting
- Clinic Equipment & Supplies
- Consulting
- Electronic Management Services
- Health Care Education
- Information Technology
- Insurance Services
- Law Offices
- Marketing
- Nutrition
- Practice Management
- Publications
- Radiology
- Real Estate
- Specialty Clinics
- Technology
- Waste Management/Recycling
- Other: \_\_\_\_\_

## ABM Level

- Platinum (\$9,500)    Gold (\$4,500)    Silver (\$2,500)    Bronze (\$600)

## Payment info

- Check (Payable to MCA)    VISA    MasterCard    AMEX    Discover

*All credit card fields are required.*

Card Number \_\_\_\_\_ Exp. date \_\_\_\_\_ Security code \_\_\_\_\_

Cardholder Name (print) \_\_\_\_\_ Cardholder Phone \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Credit Card Billing Address:  Same as address above

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PCI Compliance: MCA will only accept this form via fax or mail. Emails with this completed form attached will not be accepted.

I hereby apply for Associate Business Membership in the Minnesota Chiropractic Association for the purpose of serving the whole chiropractic profession of the State of Minnesota and for the benefits I may receive from such a membership. I acknowledge and agree that the services my business provides are of value and use to the Chiropractic Profession specifically. Once approved as a member I agree to comply with the Bylaws and Code of Ethics of this Association and all present and future regulatory measures as set forth by the Association. I understand that as a business member of the MCA I will be held to a high standard of professionalism and agree to work with the association in regards to its initiatives. I also understand that to remain a member and receive membership benefits including all group insurance programs, discounts, and marketing program rights I must maintain my dues account as current. I relinquish all my membership benefits if my dues are thirty days past due.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send your completed registration form and payment to:**  
 MCA, ATTN: Jake Nelson • 1000 Westgate Drive, Suite 252  
 St. Paul, MN 55114 • or fax to 651-290-2266  
 Phone: 651-379-7304 • Email: jacobn@mnchiro.com

(For office use only)	
initials	fin.
date	
CK/CC	
amt. paid	
bal. due	