

# 2018 Member Application

## CONTACT INFORMATION



Full Name \_\_\_\_\_ License Number \_\_\_\_\_  
 Company/Clinic Name \_\_\_\_\_ Birthday \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
 Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_  
 Website \_\_\_\_\_ College Attended \_\_\_\_\_  
 Referred By \_\_\_\_\_

\*Email is the primary method for member communications.

## MEMBERSHIP CATEGORIES

Type of Membership & Description	Full Amount	Quarterly Amount
<input type="radio"/> <b>Standard Membership</b> Access to Online Resource Center Access to OSCA staff for Q&A Free access to OSCA's CE webinars (\$600+ value) Access to OSCA affiliate discounts (\$400+ value) <span style="float: right; font-weight: bold; font-size: 1.2em;">Most Popular!</span>	<b>\$750</b>	<b>\$187.50</b>
<input type="radio"/> <b>Standard Membership Associate</b> Doctor who practices under a member DC, who has a current Standard Membership status Primary Member: _____	<b>\$400</b>	<b>\$100.00</b>
<input type="radio"/> <b>Membership Plus</b> All elements of standard membership, plus... ALL OSCA-run CE seminars FREE, including Conventions 2 Free Staff convention registrations included VIP receptions & exclusive invitations & opportunities Enhanced legal benefits & access	<b>\$1,500</b>	<b>\$375.00</b>
<input type="radio"/> <b>Membership Plus Associate</b> Doctor who practices under a member DC Primary Member: _____	<b>\$1,100</b>	<b>\$275.00</b>
<input type="radio"/> <b>Joint Membership</b> 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	<b>\$950</b>	<b>\$237.50</b>
<input type="radio"/> <b>Joint Membership Plus</b> For husband and wife only, with the provision that one of the members does not conduct a full-time practice. Spouse Name: _____ Membership Plus Status	<b>\$1,890</b>	<b>\$472.50</b>
<input type="radio"/> <b>First Year Licensed</b> Standard Membership Status	<b>\$300</b>	<b>\$75.00</b>
<input type="radio"/> <b>Semi-Retired/Part Time</b> (< than 20 hrs / wk) Standard Membership Status	<b>\$550</b>	<b>\$137.50</b>
<input type="radio"/> <b>Retired</b> Standard Membership Status	<b>\$150</b>	<b>\$37.50</b>
<input type="radio"/> <b>Out-of-State</b> Standard Membership benefits, no voting rights	<b>\$100</b>	<b>n/a</b>
<input type="radio"/> <b>Student</b> Standard Membership benefits, no voting rights	<b>\$0</b>	<b>n/a</b>

### New: One-time, Q1 Dues Add Ons:

To support the missions of the following non-profits, OSCA will be adding these fees to membership dues **one time per year**. These fees will not be divided into quarterly invoices, but will be paid with the first quarter dues. You may choose to opt out.

**\$10 for Ohio Chiropractic Foundation (OCF)** the OCF's mission of chiropractic education and outreach.

**\$20 for Foundation for Chiropractic Progress (F4CP):**

This fee gives your practice a membership with F4CP. Includes marketing support, materials, newsletter. This is a significant cost savings if you were to join F4CP on your own.

I want to OPT OUT of the Q1 Dues Add Ons.

## PAYMENT METHODS

Please select an option:

- Annual - Pay entire amount now  
(Can be pro-rated throughout the year)
- Quarterly - \*Charge (4) equal payments  
(March, June, September & December)

Please select an option for future payments:

- Auto Pay (using CC provided)
- \*Invoice

\*Quarterly/Invoice will be assessed a \$20 administrative fee per quarter

If paying by check, please address to:

OSCA  
 172 East State Street, Ste 502  
 Columbus, Ohio 43215  
 Fax (614) 229-5296

If paying by credit card:

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

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, Code of Ethics 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Auto-pay will run until cancelled.**