

2019 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"/> Standard Membership 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) Most Popular!	\$750	\$187.50
<input type="radio"/> Standard Membership Associate Doctor who practices under a member DC, who has a current Standard Membership status Primary Member: _____	\$400	\$100.00
<input type="radio"/> Membership Plus 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	\$1,500	\$375.00
<input type="radio"/> Membership Plus Associate Doctor who practices under a member DC Primary Member: _____	\$1,100	\$275.00
<input type="radio"/> Joint Membership 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	\$950	\$237.50
<input type="radio"/> Joint Membership Plus 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	\$1,890	\$472.50
<input type="radio"/> First Year Licensed Standard Membership Status	\$300	\$75.00
<input type="radio"/> Semi-Retired/Part Time (< than 20 hrs / wk) Standard Membership Status	\$550	\$137.50
<input type="radio"/> Retired Standard Membership Status	\$150	n/a
<input type="radio"/> Out-of-State Standard Membership benefits, no voting rights	\$150	n/a
<input type="radio"/> Student Standard Membership benefits, no voting rights	\$0	n/a

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 *Invoice
(using CC provided)

*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.