

2020 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 _____

*Email is the primary method for member communications. Texts will be limited.

*Text Opt In Yes No

MEMBERSHIP CATEGORIES

Type of Membership & Description	Full Amount	Quarterly Amount
<input type="checkbox"/> Standard Membership <i>Most Popular!</i> Access to Online Resource Center Access to OSCA staff for Q&A Free access to 8 OSCA CE webinars (\$400+ value) Access to OSCA affiliate discounts (\$500+ value)	\$780	\$195.00
<input type="checkbox"/> Standard Membership Associate Doctor who practices under a member DC, who has a current Standard Membership status Primary Member: _____	\$415	\$104.00
<input type="checkbox"/> Membership Plus All elements of standard membership, plus... ALL OSCA-run CE seminars FREE, including Annual Convention 2 Free Staff/Guest convention registrations included VIP receptions & exclusive invitations & opportunities Unlimited access to OSCA webinars at no cost	\$1,560	\$390.00
<input type="checkbox"/> Membership Plus Associate Doctor who practices under a member DC Primary Member: _____	\$1,150	\$288.00
<input type="checkbox"/> Joint Membership For married partners only. Standard Membership Benefits Spouse Name: _____	\$990	\$247.50
<input type="checkbox"/> Joint Membership Plus For married partners only. Membership Plus Status Spouse Name: _____	\$1,970	\$492.50
<input type="checkbox"/> First Year Licensed (Graduated within 1 year) Standard Membership Benefits	\$0	n/a
<input type="checkbox"/> Second Year Licensed Standard Membership Benefits	\$320	\$80
<input type="checkbox"/> Semi-Retired/Part Time (< than 20 hrs / wk) Standard Membership Benefits	\$580	\$145.00
<input type="checkbox"/> Non-Practicing (no voting rights) Access to online member resources (not including webinars) Member discounts - Member digital communications	\$160	n/a
<input type="checkbox"/> Out-of-State (no voting rights) Access to online member resources (not including webinars) Member discounts - Member digital communications	\$160	n/a

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.